The New York Medical Times

VOL. XX. NEW YORK, FEBRUARY, 1893. No. 11.

ORIGINAL ARTICLES.

NERVOUS MATTER, WHAT IS IT?

BY JAMES A. CARMICHAEL, M. D., NEW YORK.

THAT portion of the anatomy of the tongue which is most directly in association with our subject is, of course, its nervous supply. But as our immediate object is to ascertain, if possible, the different powers of gustation bestowed by the different members of that nervous supply, our purpose can be more readily met by considering, in the first place, other portions of the glossal anatomy, and then trace the action of the nervous force upon them individually and collectively. The muscular structure of the tongue must come in for its share of investigation as an integral agency in gustation. There is no motor power in the body that is capable of a greater, indeed, it might be said, of as great a variety of motility as the tongue. Without going into a minute description of the glossal muscles, let it suffice to say that by their united and individual contractile efforts this organ is susceptible of every possible variety of motion, viz., contraction and elongation, circumduction and rotation, flexion and extension, elevation and depression, involution and evolution, lateral movement and rigid stasis. Indeed, as to the mobility and volubility of the tongue, it may truly be said of it that, given a sharp temper at the back of it, the female human tongue comes nearer to the solution of the unsolved question of perpetual motion than any power yet known, the gyascutus is nowhere! There was once an old farmer, a plain, homely, honest old fellow enough, yet withal shrewd and observant of human frailties and shortcomings. At a meeting, called for the purpose of considering the advisability of having women serve as jurors, he was asked to give his opinion upon the momentous question.

"Well," said he, "if you want my 'pinion about wimmin sittin' as jurors, all I've got to say is, that if one of 'em—most partiklar an old maid—should happen to meet with an accident and slip up, and then have the misfortin' to come before 'em to be tried, then the Lord have marcy on her soul, for they wouldn't leave hair or hide of her."

Why the need of this excessive glossal motility? Consider, in the first place, the rapidity and variety of muscular glossal movement required to give enunciation to articulate speech. In public speaking rapidity of utterance is, unfortunately, too often used to mar the effects of clear and distinct enunciation. Yet in the requirements of ordinary conversation and inter-communication, the expression of thoughts and ideas by language demands extensive glossal motility, but this isn't all. Free movements of the tongue are necessary also for the purposes, not only of gustation, but for those of mastication and insalivation. To "roll a sweet morsel under the tongue" is a figurative expression, signifying the need of glossal motility to subject it to all portions of the tongue for gustatory criticism and enjoyment. We shall see that every part of this organ is endowed with gustatory sensibility, more vivid at certain points than at others, and when we come to investigate more closely we shall find that those little points are the little projecting papillæ or pimples that are sprinkled, so to speak, upon the glossal surface. But before considering the papillæ, let us look at the nervous source of supply that regulates and controls the number and variety of glossal movements mentioned. An essentially motor-nerve force is requisite here, and it is supplied by the hypoglossal nerves. It will be remembered that we have proposed to consider the sense of gustation as we have done in the case of olfaction, viz., that it resulted from a combination of nerve-forces, and that that combination constituted a trinity which may be designated as the gustatory trinity. This last is composed of nerves essentially sensory, and consists of the lingual branch of the inferior maxillary division of the trigeminus, the glosso-pharyngeal nerves and the chorda tympani. The hypoglossal nerves form no part of the trinity proper. What is their genealogy? The name hypoglossal given to them bears no relation to their motor-power, and simply signifies ὑπω under, and γλοσσα the tongue; the origin of the hyglossal or sublingual, as it is often called, and as is well-known, is from the motor tracts of the medulla oblongata, along with the anterior roots of the spinal nerves. It emerges extra-cranially, forming associations on its way to the tongue with the superior cervical ganglion of the sympathetic, with the pneumogastric the lingual branch of the fifth, sends branches to muscles of the supra and infra-hyoid region, thus controlling the movements of deglutition and establishing glossal, pharyngeal and œsophageal unity, and finally expends itself upon the glossal muscles, which is all we have to do

with it in our present inquiry. But before dismissing the hypoglossal nerves we would call attention to the analogy existing between them and their relations to the motor power of the tongue, and indirectly to the glossal papillæ, and the nerves of gustation supplying the papillæ, and that of the motores oculorum—third pair—and their connection with the motor muscles of the eyeball, and thus indirectly controlling the focal adjustments of the ocular globe for the intromission of light into the eye, and the transmission of its individual rays to the rods and cones of the retina. The tongue must be moved in every direction for speech and gustation. So also the ball of the eye must be equally moved for visual purposes, the hypoglossal nerves stimulate this function for the former, and the motores oculorum for the latter. And now let us turn to our gustatory trinity and we shall find that the gustatory agencies constitute a trinity, not only as respects the nerves of gustation, but also in regard to those other instruments of gustation the glossal papillæ. Before considering the nervous agencies it would be necessary to investigate those little projections upon the lingual surface, and see, if we can, what part they play in perfecting the sense of taste. The anatomy of the papillæ is too well known to require much more than a casual mention, so we'll simply recall to the reader the triple variety of papillæ—another trinity—upon the dorsum of the tongue, consisting of the papillæ maximæ or circumvallatæ the largest of the papillæ, seven to twelve in number, situated at the root of the tongue, with their "taste beakers" as they have been called by Loven and Schwalbe, which consist of "flask-like collections of spindle shaped cells situated upon the lateral slopes of the papillæ circumvallatæ—taste cells—communicating with the external surface by "taste pores, and internally with the terminal filaments of the gustatory nerves." The next variety of papillæ is that of the papillæ fungiformes or mushroom like—the papillæ mediæ, and thirdly, the filiform or papillæ minimæ, minute and innumerable, scattered or sprinkled over the whole dorsal lingual surface, thus constituting the trinity of gustatory papillæ and holding communication with the nervous terminal tendrils, the trinity of nervous gustation, the efficient instruments of the sense of taste. And so we reach our true and legitimate object of investigation, the nervous matter of gustation. What is it, and whence does it come? The glossal nervous matter is supplied by three nerves. They are severally. 1st. A contribution from the trigeminus or trifacial, the fifth pair of cranial-nerves. From its inferior maxillary division proceeds a large branch to which the name of lingual has been given because of its destination to the tongue, and gustatory, because it alone was supposed in early physiology to impart to the tongue the sense of taste disproved by more modern experiment, but, as we shall see, giving to the tongue general sensibility. 2d. The next gustatory contribution comes from the glosso-pharyngeal nerves, one of the triple association that forms what is called in anatomical nomenclature, the eighth pair of cranial nerves. 3d. The remaining member of the glossal or gustatory trinity, is that nerve, whose curious and interesting associations in the tympanic cavity we have fully considered, the chorda tympani. That our reader may remember our purpose as originally proposed in investigating the sense of taste, we will repeat it here. As we divided the olfactory sense into three distinct departments, assigning to each its own specific olfactory power, so we propose to divide the gustatory sense into the same number of departments, and shall endeavor to discover the functional properties possessed by the occupant of each one of them. Not only so, but we hope to show a marked analogy between the different departments of the two senses, olfactory and gustatory, and also so close an alliance between the two, as shall seem to make one the complement of the other. We propose to consider as the first member of the gustatory trinity, the lingual nerve or gustatory branch of the trigeminus, from its inferior maxillary division. This nerve, though generally sensory, and though profusely distributed upon the tongue, does not seem, according to the results of many and various experiments, to ascertain its true and real nature and functional powers to possess the special attribute that would dignify it with the name and properties of a nerve of special sense. Its legitimate function is to bestow a general sensibility upon the tongue, fauces, etc. Instances have been recorded in which affections of the fifth pair have rendered the tongue insensible to ordinary impressions while the sense of taste has remained intact. But there is one peculiar and significant fact connected with the lingual nerve which invites consideration, and that is, that on its transit to the tongue, it is met by the chorda tympani, and after a close, and, for a short space, adherent fellowship between the two, they part and pursue their several destinations. We call attention to this nervous interblending of these two nerve-forces, as we shall have occasion to advert to it significantly by-and-bye to help us to show some of the characteristic features of our trinity, and to solve some of its gustatory difficulties. There is another fact connected with the lingual nerve that we must not fail to notice at this point, and that is its lineal descent from the grosser and baser portion of the fifth pair, its inferior maxillary division.

A large element in the functional duty of this division of the trigeminus is devoted to the dissemination of motor-power, consequently its lingual branch partakes of this degenerate element, but

still retains enough of its sensory force to meet its glossal requirements, the nature of which we shall see as we go on, and then again we shall have to consider the meaning of that remarkable union with the chorda tympani, and to which we shall give more emphatic expression when we discuss the latter nerve. Can we trace any analogy at this point between the lingual nerve and any member of the olfactory trinity? Does our reader recall the functional property of the first member of the olfactory association, if not, we will jog his memory. To the first member of that association—the olfactory nerve-power—we assigned the functional reception and transmission of the exhalations from pungent and aromatic substances and liquids, noxious vapors, etc. Not only this, but we followed many of the impressions proceeding from this one of the olfactory powers, and traced them through the body and noted their effects upon the various organs. Is there any analogy to this to be found in the gustatory sense? To us there seems a very marked analogy in the functional operations of the lingual nerve. Though not possessed of the special sense of taste, yet by its power of the bestowal of general sensibility to the tongue, it takes cognizance of pungent and aromatic flavors, condiments of all kinds, acids, the nicotian delights of the smoker, leaving the snuffer to its olfactory fellow—and the chewer—not the gum-chewer—for we judge, from the expression of tranquil happiness we have often seen illuminating and beaming from the rapt face of the gum-chewer, male and female, while seated in a railroad car, especially the "L," that one of the lost arts has been found. The ability to chew gum and the happy devotee to its joys, like DeQuincy's reveller in the enthanasia of opium and hasheesh, receives a foretaste here of the heaven to which he is destined to chew gum forever. We remember one particular incident of this idle and disgusting habit, and it happened in what seems the favorite place, the "L" road. Four young men, we will call them so, for as Macbeth said to the witches, "By your beards you should be men," and whose ages seemed to range from eighteen to twenty-three or twenty-four, occupied four seats facing each other. General and vigorous movements of mastication was the first prominent fact to excite attention, and at once we yielded to the peculiar fascination that compels watching a gum-chewer, and so our fascination was quadrupled by this living, chewing quartette. We wondered what there was in this gum-chewing that could bring such happiness, and for a moment, under the spell of the sympathy of contiguity, thought if it wouldn't be well to increase our knowledge by giving to our masseters and pterygoids a little unusual exercise, and so find out wherein lay the delight we witnessed, but unhappily for our proposed experiment, we happened to be so near that we couldn't fail to catch the drift of the talk that ensued, and that was as connected as the incessant jawing demanded by the gum would allow. We soon took the intellectual measure of the average gum-chewer and decided that we wouldn't try, but be satisfied with the reflection that as Nature has some use for all her creatures, she must propose to make some disposition of even the gum-chewer. To return, so then, this first member of the gustatory trinity appropriates the pungent and aromatic flavors, and also those of a revolting and disgusting character, and like its fellow of the olfactory sense, conveys its impressions to other portions of the body and evokes sympathetic protests from many of the organs against the offensive gustatory invasion. From the pharynx, for example, by the involuntary convulsive spasm of gagging, often preliminary to another protest from the stomach—emesis. By the shuddering disgust that tells of retroactive spinal excito-motor consciousness of the vile glossal impression. By cardiac influences, that may run even into syncope. By intestines, kidneys, bladder, uterus, that may express themselves by diarrhœa, enuresis and possible abortion. Here is also an illustration of another feature of the general expressional power of the fifth pair, as set in action by this lingual offshoot. By the retroactive influences of this branch of the trigenimus, the impressions made upon the general sensibility of the tongue show themselves by the grimaces and contortions of the face—the facial nerve plays its part here—and the active spitting and spewing that ensue, speak more loudly than words, though words of energy and of no uncertain meaning often go along with them! So then our analogy seems to be complete, so far as regards these two members of the olfactory and gustatory trinity. Let us see if we can find any such in the other members of the two senses. The next member in the order of our investigation is represented by the glosso-pharyngeal. What points of resemblance can one hope to establish between this second member of the sense of taste, and the same of the olfactory sense? Suppose we recall the functional power of this last and also the nervous source from which it proceeds. In the first place, of what does its functional power consist? It consists, as we believe and have so expressed, in the olfactory ability of the second member of the trinity to impart the enjoyment of every variety of fragrance, from the breath of the humblest flower to the subtlest and most intoxicating incense that was ever swung from censer or breathed by wandering airs from where Nature blooms her freshest and fairest. What bestows this most grateful beneficence upon us? Did we not find it? Where? From the first division of the trigeminus—its ophthalmic division—there proceeds a nerve to each nostril, its nasal branch, and it is to this branch

from the parent trunk that is confided the power from which are derived the privileges and enjoyments just told.

But our reader may say, there's a contradiction here, for the lingual nerve is only a common carrier of general sensation to the tongue, and has no vivid gustatory sensibility, although it comes from the same source. True, and not true, for the parent nerve, from which they both spring, embodies a variety of nerve-force, and imparts to one of its offspring that which it withholds from another. It would not be irrelevant here to recall the deep and extensive sources of origin of the trigeminus from cerebrum, cerebellum and medulla oblongata, but that we reserve until our course of investigation leads us to the study of the trigeminus proper in its true integrity. At present we are dealing with it incidentally in connection with one of its attributes—gustation. What member of the trinity of the sense of taste is it that offers characteristics resembling those of the second member of the trinity of olfaction just repeated? Is it the glosso-pharyngeal or the chorda tympani. Let us try to discover, but let us be clear beforehand as to the analogy we propose to submit. In brief, we want an analogue in the sense of taste to that power in the olfactory sense that appreciates and appropriates the highest order of fragrance in its every variety. Then we want, and must find, if we can, some gustatory nerve power that gives us that delight and enjoyment, when, with a healthy stomach, that does its work well, and a hearty appetite, we sit down and cross our legs under our own "mahogany" and, at peace with all the world of man and womankind, we say comfortably to ourselves, "Nunc est edendum et libendum"—"Now let us eat, drink and be merry," and eat and drink we do accordingly and with a gusto that defies the other part of the scriptural quotation or proverb, which is it? "For to-morrow we die." Nothing so lugubrious as that shall mar this glorious appetite for to-day at least. These good things that providence has provided must be enjoyed. Then we shall be all the better prepared for the tragic finale, if come it must, when we shall have had our fill. But we must cry "halt" over these enticing pictures of luxurious ease. We are like the truant schoolboy, loitering by the way to gather flowers or chestnuts, or, most like, to play marbles, then "unwilling creeps to school." Our lesson is before us and "the printing devil" at our elbow. Consistently with the argument pursued from the beginning of our investigations of these subtle nerve-forces, we must now endeavor to determine by comparison, as nearly as may be, which of the two nerves, the glosso-pharyngeal or the chorda tympani is more nearly allied to the second member of the olfactory sense as respects its discriminating gustatory power. By reference to the books we learn that they are both the essential nerves of taste, and according to authority the glosso-pharyngeal takes cognizance of "sweet, alkaline, bitter and metallic impressions," while the chorda accepts those of a "saline, acid and styptic quality." But the gustatory sense is capable of being stimulated by other impressions than those produced by the actual contact of sapid substances.

We are all familiar with the sensation and its effect produced by the mere thought of any luscious fruit of which we may be particularly fond. How we really are conscious of a sensation of taste in our mouths; of course, not so vivid or enjoyable as the actual presence, when we recall its taste and flavor, and how our "mouths water" at thought of it. Not only so, but emotional impulses are often awakened by these same gustatory sensibilities, and many a vision of retrospective pleasure is evoked by them, and we live over the life that's past and gone. Does our reader remember that we traced these same emotions of reminiscence that came back, recalled by the fragrance a simple little flower. We have not forgotten many a pleasant talk with our quondam friend Lieutenant Strain of the U. S. N., and his graphic story of his sufferings, and those of his companions, when lost in the wilds of South America and undergoing the horrors of the slow process of starvation. One of their daily amusements—if there can be such a thing as amusement when the stomach is yearning for food—was to imagine themselves seated at a table at which was to be served a ménu of the most tempting and appetizing viands that their hungry imaginations could suggest. To each one was allotted the preparation and production of a certain article of the feast. The first man was supposed to bring on his "petits huitres"—small oysters—with the inevitable slice of lemon and the conventional fork, not forgetting the "chablis." Next the "homme à pòtâge," who was not allowed to serve the same soup on any two consecutive days, and he must also be provided with his "petit verre" of the indispensable juice of zeres to top it. Then followed a specimen of the finny tribe, and in this department a different one each day was inexorable, "couldn't possibly eat the same sort of fish any two days in succession," and so on through flesh and fowl and sweet and fruit, until the "petite tasse" of fragrant coffee, with the final glass of comforting cognac or luscious chartreuse sipped amidst the curling smoke of the regalia straight from Havana crowned the feast. And yet this phantom feast was not without its pleasure and its relief. We were assured that, for a time, it assauged the gastric pangs and torments of hunger, and they could put off their usual subsistence upon leaves and roots and berries, until the meal of which they had partaken seemed to have been properly digested. So, then, we have another nervous element here to deal with, and

must enlarge our trinity, or at any rate, engraft it and see if we can make its impressions harmonious and consistent. To resume: of the two nerves, glosso-pharyngeal and chorda, which is most highly endowed with that specific and vital essence of sensation; the "substantia gelatinosa" of gray nervous matter?

Without describing them minutely, we will simply repeat the names of the localities of the deep sources of origin of the glosso-pharyngeal from the gray nucleus in the floor of the fourth ventricle, from the corpora olivaria the anterior cornua of the gray matter of the medulla oblongata, near the point of origin of the vagus —its nucleus—and a column of substantia gelatinosa containing cells, which sends fibers to all the roots of the glosso-pharyngeal and vagus and called the "common ascending vago-pharyngeal root," and also a descending root from the cerebellum. Its ganglionic enlargement—called the "ganglion jugulare or ganglion of andersch" just before it emergence from the cranium, its subsequent association with facial otic ganglion, carotid plexus of the sympathetic, its tympanic branches, through Jacobson's nerve to fienstra rotunda and ovalis of internal ear, to spheno-palatine ganglion. Meckel's—thus forming association with taste and smell—to some of the muscles of deglutition, association with vagus and sympathetic to form the remarkable pharyngeal plexus—by some physiologists said to control the sense of thirst—and its final distribution upon pharynx, palate and papillæ of the tongue. In as few words as we could, we have described the origin and associations of the glosso-pharyngeal, and measuring it by our standard of what constitutes a high genealogical grade of nervous matter, this nerve is certainly entitled to be considered as among the special gustatory agencies —if not the chief—and so to dispense the properties that belong to the exquisite delicacy of the sense of taste in its highest perfection, and if it may be so expressed, its most discriminating cultivation. But it must not be forgotten that it remains to find a place for the chorda tympani, that it supplies the anterior two-thirds of the tongue, that the sense of taste, if not obliterated, is greatly impaired by disease or injury to the facial nerve before the point, brainward, at which the chorda leaves it. Nor must we forget that significant fellowship of the chorda with the lingual nerve on their mutual passage to the tongue, and their mutual purpose to supply it with gustatory nerve-force differing in character and gustatory quality. Equally should we remember those tympanic associations of the chorda, to which we called attention when describing this descendant from the facial. Let us consent then that the glosso-pharyngeal occupies the same relation to the gustatory sense that the second member of the olfactory trinity bears to the sense of olfaction, viz., that it receives and appropriates the gustatory impressions of the most refined and delicate flavors, or at any rate, shares the gustatory power in common with the chorda, and that they both unite in contributing to the sympathetic or emotional element of gustation by reason of their mutual connections with the great ganglionic chain of sympathetic ganglia, beginning with the ganglion submaxillare. Let us revert for a moment to the connections of the chorda in the cavity of the tympanum, and especially to that curious association which it bears to the ossicles of the ear, the malleus and incus. Our reader will remember that we hazarded the conjecture that Nature designed by the transit of this nerve between these two little bones of the tympanic bridge, that the molecular elements of the nerve might be subjected to the sonorous agitations of the outer drum of the ear. Why? Was it that these sonorous impressions might be conveyed to the tongue? Again we ask, Why? Do they enlarge and increase the gustatory power of the chorda? It would seem so from an experiment by Moos, who reported a case of loss of taste upon the corresponding side of the tongue, and upon both sides upon the application of an artificial drum, first upon one side, and then upon the other, the sense being restored upon their removal. Now what does this seem to teach us. May we not believe that this is but another of the many beneficient purposes of our organization given to us for our enioyment?

Where's "the man with soul so dead," who, when he sees a friendly face beaming at him, and hears a friendly voice speaking to him across the hospitable board, and as the glasses clink, and a cheery "here's a health" rings out that does not feel his heart bound with a renewed joy, and the papilla of his tongue find a new sense of pleasure as the generous vinous juice is committed to them! That "here's a health" has rung upon the outer door of his ear, and a little white chord just behind it has taken it and carried it along like the wire, and with the wire's electric speed, and from tip of tongue and onward and backward, every papilla has received and tasted its drop, found it to be good, and sent the pleasurable thrill through nerve tendril of glosso-pharyngeal and chorda, back to cortex, along those innumerable threads and strands and strata of corona radiata and association fibers, then happy thought and genial talk succeed each other as fast as cortical ganglion and phasic cell can give them birth. Emotions chase each other and run tingling along the mysterious threads of the wondrous sympathetic nerve-matter within us, and thus the physical instruments of our bodies fill our souls with joy, and we thank God that we live! "Look on this picture, and now on this." Surely Hamlet saw no greater contrast in the two "counterfeit presentments" than the picture we have drawn of

the rational and social enjoyment of the "good things" provided for us, and that which portrays the degradation and enslavement that surely follows the perversion of these, our natural and wholesome faculties and appetites, and their devotion to gross and sensual habits and practices. If we could but carry along with us always and wear them as a phylactery, those exquisite words of admonition and warning that we read from the page of Dante Alighieri, "Nessun maggior dolore, nella miseria, che ricordarsi del tempo felice." There is no greater grief, no misery, like the remembrance of happy days, gone never to return. Unhappily "facilis descensus averni,"—the descent to hell is easy, and there's no quicker way of getting there than by giving loose rein to these senses of ours. Look at the "viveur" and "flaneur" of the boulevards of Paris—the votary of pleasure and of vice, the exhausted debauchee to be met here too at every corner, whose whole useless and worthless life has been one continuous round of unbridled indulgence of sensual appetite and the "lusts of the flesh." To such a man his chorda tympani is indeed one of the few chords that bind him to life. It keeps his tongue alive to one of the few pleasures now left him, that of eating and drinking, and should that snap, his life goes out with it. As we read the other day from a popular writer, he is "one of that wretched lot, elderly rakes without faith in women, respect for themselves, or trust in God." He came into the world for no good, he leaves it the worse for having cumbered it. It were better had such a man never been born, then might the Omnipotent never have been held responsible for his creation. Let his epitaphic record be:

"Of passions gross, here lies the dust,
Here what remains of worn out lust."

STRABISMUS.

BY C. A. BUCKLIN, M. D., NEW YORK.

IN THIS paper the application of the word strabismus will not be limited to technically meaning deviations of the eyes produced by functional disorders of the ocular muscles. It will be used as a name for the condition produced by the deviation of the visual axes of eyes from the direction required for bi-nocular vision without regard to direction or cause. The physician is consulted about a crooked eye without being informed whether the trouble is the result of paralysis or functional troubles of the ocular muscles.

It will be clearer to use the word strabismus as a general name for ocular deviations, which are simply symptoms of widely differing conditions and diseases. The term strabismus is qualified by the words convergent, divergent, sursum-vergens, deorsum-vergens, indicating that the eye points *inward*, *outward*, *upward* or *downward*.

There have been hundreds of pages written by hundreds of authors attempting to explain the etiology of the conditions which produce these symptoms usually called strabismus. The greater part of this literature bears more positive evidence that the writer is not clear in his own mind on the subject about which he is writing, and I do not hesitate to say that there has been more foolishness written on this subject than on any other in medicine with which I am acquainted. I do not wonder that the profession do not succeed in obtaining a clear idea of the etiology of strabismus from the literature offered on this subject.

The above remarks may be considered a little caustic by some, therefore I feel warranted in introducing a quotation from the text-book on "Refraction" by E. Landolt, of Paris, one of our brightest authors on this special subject.

After having mentioned in earnest every theory which has been advanced on the etiology of strabismus since the flood, he states, page 357: "Mauthner thinks that, if all hyperopes do not squint, it is because only a small number of them come to possess this artifice calculated to produce for them distinct images."

The hypothesis of our learned confrère of Vienna may have much about it that is true, but neither this theory, nor any of those that we have enumerated, fully satisfies us, and we prefer to acknowledge that many cases of convergent strabimus are still beyond our comprehension. This avowal does not cost us much, and certainly less than the building up of theories without foundation, and far-fetched attempts at explanation. We shall encounter still other obscure points in the course of these studies.

We must know how to look them calmly in the face, in order to undertake with courage the task of elucidating them. General medicine, which has for ages been the object of investigation, affords many more unfilled gaps than does ophthalmology, which was, so to say, born yesterday. Hence, let us not despair, but seek diligently, analyze the many facts that practice presents every day, and light will eventually dawn upon us."

We are referred for his quotation of Mauthner to "Die Optische Fehler des Auges," page 557.

If we now turn to this quotation and translate just what Mauthner said, we will find the first great joke on this piece of literature quoted from such a very popular special authority as Landolt.

Mauthner really says, "I am convinced that all hyperopes who can not see distinctly without squinting, and who could see distinctly by squinting, would squint if they knew how to perform the trick."

The fact that he should entirely misquote Mauthner's statement, which can never be con-

troverted, and then so extensively criticise his false quotation, is simply more than mildly humorous.

Can anything express more plainly the chaotic condition of the etiology of strabismus than the wordy acknowledgment quoted above, in which he says that he does not know how to account for the development of many cases of common squint. *Could anything* be more touching than the comfort he extends to the profession, because he fails to understand the etiology of strabismus.

I started nineteen years ago to study ophthalmology, and strabismus was one of the first subjects which thoroughly attracted my attention, I only read what is written on this subject of late years out of curiosity, and I can positively assure my readers that but very little of value has been written on the etiology of this subject in several years.

To understand strabismus intelligently, we must divide it into the following classes: *Active* strabismus, *paralytic* strabismus, *passive* strabismus and *spasmotic* strabismus.

Active strabismus is always of the convergent variety. It is also called ordinary convergent strabismus or common squint. It occurs as a result of an active effort to overcome annoying weak vision resulting from such a disturbed relation between the power of accommodation and fixation that the two eyes can not focus for any point where both eyes can fix, consequently objects are seen double, indistinctly, or the party learns the trick of squinting. This trick consists of fixing one eye on the observed object, ignoring the vision in the other eye and drawing it strongly in. The accommodation not only increases greatly in the eye which turns in, but a great increase of accommodation takes place in the *fixing* eye and the individual produced distinct vision with one eye at the expense of losing binocular vision. This trick is not easy to learn by all who could improve their vision by learning it.

Children having these disturbed relations of vision can frequently learn the "trick" from other children, but children can not be taught to look cross-eyed in any way providing they can see distinctly without squinting.

Mr. G., age 20. From early childhood he had had great trouble with weak eyes. He commenced to wear convex No. 12 glasses at fourteen years of age. With his glasses his distant vision was normal. Without the glasses he only had fifty per cent. of normal vision. If *either* eye were covered, the vision in the uncovered eye rose to normal. The covered eye, no matter which one, turned under his nose before the vision of the uncovered eye improved.

This was one of those cases that would have improved his vision by looking cross-eyed had he been able to learn how.

He knew how to squint, with the exception that he had not been able to ignore the vision in one eye, and consequently always saw double when he attempted to squint unless one eye was covered.

A degree of hyperopia, which will enable the patient to see distinctly at a distance through convex glasses from sixteen to ten, is usually the factor which disturbs the relation between accommodation and fixation, by making the requirements for accommodation so much greater than usual.

This is the cause of 95 per cent. of all the cases of common convergent strabismus. The fact that 95 per cent. of all cross-eyed people are highly hyperopic, and not more than one per cent. of all highly hyperopic people squint, appears confusing to many minds. The simple explanation is, those having high degrees of hyperopia who do not squint have sufficient muscular power to overcome the wide difference between fixation and accommodation without inconvenience, or if they experience inconvenience from the disturbed relations existing between fixation and accommodation, they have not been able to acquire the art of overcoming it by squinting. Paretic conditions may in time establish like disturbances in the relations existing between accommodation and fixation without any hyperopia being present, and thus produce squint, which is in no way a paralytic squint, but these cases are exceptional.

Diagnosis.—While the arc of motion of one eye is usually displaced inward, the amount of motion of both eyes is practically the same. Only in very old cases is there a little difference, owing to organic changes in the lateral ocular muscles. When the fixing eye is covered the squinting eye promptly fixes—unless the squint is alternating the vision of the squinting eye will be found very defective. Double vision is never present. With these symptoms the most inexperienced can establish the diagnosis of "common squint," and it is very desirable to do so, as this form of trouble is the easiest to remedy and involves but little responsibility.

Treatment.—The object to attain is to restore the faulty relations existing between accommodation and fixation. This result is accomplished in different ways, with very different intentions, at different times. Very early we expect to retain binocular and acute vision in both eyes, providing it has recently existed. In old cases where binocular vision has been lost for a long time or possibly never existed, and the acuteness of vision in one eye is not present, we only expect cosmetic effects.

Ill health in hyperopic children frequently so disturbs the relations between accommodation and fixation that they develop strabismus for a few weeks, which generally disappears from natural causes. Sometimes these relations are re-

stored as the result of administering strychnine, iron, quinine and specific remedies, as the case may require. A weak solution of eserine used in the eyes three times daily when the trouble first commences to show, will occasionally remove the desire to squint by keeping the pupils very small till nature or medical treatment can relieve the child's ill-health. I have succeeded three times in curing squint with this method, and published my claims in the New York *Medical Record* some ten or twelve years ago.

Only exceptional cases can be treated by the methods already mentioned. Until the time that the muscles have really undergone organic shortening all cases of common squint can be cured by the adjustment of proper convex glasses.

I have frequently encountered timid young children who were cross-eyed and would not allow any one to come near them. I gave them chloroform, measured their hyperopia with an ophthalmoscope, ordered the glasses, required and directed that they be worn continually. The treatment has been successful every time. Where the hyperopia is of a high degree and its correction will remedy the squint, this is, in the long run, the most satisfactory treatment.

When the hyperopia is only of a moderate degree, or when it is of a high degree and the correcting glasses do not remove the squint, we must relieve these disturbed relations by doing a simple tenotomy on one or both internal recti muscles as the case requires. Those cases with a mild degree of hyperopia will go without correcting glasses after operation, while those having high degrees of hyperopia will be obliged to wear properly correcting glasses or the trouble will return. The exception to this rule is where the operation has been overdone. With clean instruments and educated hands tenotomy is absolutely free from any danger. Satisfactory motion of the ball must exist at the completion of the operation, or the muscle must be readjusted with a stitch immediately. It is better to distribute the effect of a tenotomy between both eyes than to markedly limit the movements of one eye in trying to get an excessive effect from it.

Convergent strabismus occasionally develops in connection with very high degrees of myopia, which is of an entirely different nature. Persons having a third of myopia, having never worn glasses and having succeeded in keeping up convergence for many years at three inches, which is the distant point of their distinct vision, have their eyes permanently set at this extreme degree of convergence. Under these circumstances they appear to squint badly.

These are bad cases, and when they apply for treatment all they require is cosmetic effects, which can be obtained.

Paralytic Squint.—This defect results from paralysis of a single, or frequently several ocular muscles. The normal ocular movements are more or less limited. When the fixing eye is covered, the other eye either fails to fix or fixes slowly. If the patient has binocular vision, double vision is always present. These symptoms are sufficient to enable us to promptly make the diagnosis between common squint and paralytic squint, which is important, as the two symptoms indicate entirely different conditions. Diphtheria, syphilis, meningitis, malaria, cerebral hemorrhage, cerebral tumor, and injury are the common causes of paralytic squint.

Time and proper medical treatment cure a large number of cases having constitutional diseases as the underlying causes. When the case has had three months of time and proper treatment, any remaining trouble must be overcome by a re-adjustment of the ocular muscles which usually consists of doing a free tenotomy on the muscle opposing the paralyzed muscle, and advancing the attachment of the *paralyzed* muscle to a point farther forward on the globe. The cases of paralytic squint which demand this kind of treatment are most frequently those cases of nuclear paresis following five to twenty years after syphilis. I have operated on three cases during the past year who had been refused operation by several of my colleagues. The squint was directly convergent and extreme—the entire world appeared double, which greatly annoyed them—the motion outward was very small, when every effort was made to turn the eyes out toward the paralyzed muscle its optical axis lacked fully forty-five degrees of reaching the middle line. I tenotomized both internal muscles through a small wound; cut down on the paralyzed external muscle, detached it from the globe, and advanced it with a stitch *just* far enough to produce *crossed* double vision for distant objects. It will be remembered that the double vision before was the reverse way (homonymous), not crossed. The eye was held at the middle line, had perfect motion inward and but little motion outward beyond the middle line. He soon learned when he wished to observe objects on the side of the paralyzed muscle to turn his head that way sufficiently to bring it in range. In all other directions this eye had normal motion.

Each of these patients have recovered from their double vision and now practice binocular vision without any annoyance. They certainly belong to my most thankful patients, simply because they got out of a trouble which they had frequently been assured that they could not recover from. In each of these cases some colleague had been kind enough to try specific treatment to its extreme for many months before I saw the patient, consequently I did not have to wait to do any experimenting on this point. I now attack without fear, all cases of direct convergent squint due to nuclear paralysis, which

follows in the course of syphilis, and obtain satisfactory results.

The divergence required in binocular vision does not cut much of a figure and is easy to imitate by art and the patient learning to turn the head when the defective muscle is required.

Convergence is, however, a very important function for the comfortable use of binocular vision, and if an eye has lost its *convergence* art is not nearly so successful in dealing with it as with faulty divergence.

A unique cure of convergent paralytic squint was reported at the Academy of Medicine during the past year. It is a curiosity worth giving a passing notice. A boy about fourteen, had paralytic convergent strabismus with double vision; he had a nasal trouble for which a rhinologist an Adams operation on the septum, following, which strabismus and double vision disappeared. Incidentally and probably as a result of the traumatism of the operation, a paralysis of the branch of the third nerve which supplies the internal rectus was paralyzed to such an extent that it neutralized the existing paresis of the external rectus muscles. The case was presented to show the remedial effect of the operation on the strabismus. I rather consider it a valuable lesson on the dangers of the operation, as the size of the dose can not be regulated by the doctor, neither can the results be depended upon.

Passive Strabismus.—This takes place when from some fault binocular vision can not be maintained, consequently one eye wanders off simply because both eyes can not be held at the required point for binocular vision. This trouble is most frequently observed in myopic persons who have to hold their work so close that both eyes can not converge for it.

Concave glasses which enable them to hold the work at a greater distance usually remedy the trouble, as they immediately resume binocular vision as soon as it is found that the conditions are so changed that it is possible to call the other eye back to work. Occasionally this trouble may be comprehended with some paretic condition. Again the individual has an imperfect cornea that causes binocular vision to be confusing, and the eye is allowed to wander out of the line of vision to avoid the confusion.

Spasmotic Strabismus.—This disease is seldom encountered. I am told by practitioners that it may come on secondary to any severe attack of spasms. If uncomplicated it probably does not last, as specialists seldom have a chance to observe the trouble. The only case of true spasmodic strabismus that I can recall was secondary to a case of Thomsen's disease referred by me to Dr. G. H. Jacoby, who took the case before the Academy of Medicine. It was the only undisputed case of Thomsen's disease which had been reported in America at the time. The peculiarity of this disease is any voluntary muscle contracting takes on a severe spasm which takes some time to relax. The internal ocular muscles being constantly contracted during convergence were most of the time in a chronic spasm. They gradually shortened till both eyes were decidedly pointed inward. The acuteness of vision was equal in both eyes, and he fixed equally well with either eye. He could select a point where he saw objects single, but at most points he saw double. The refraction was normal. I cut both internal muscles, and the trouble entirely disappeared from the eyes for six months, when it gradually returned to a moderate extent. This is the only case of strabismus reported from this cause in the world, and it is certainly a curiosity.

I have tried to give my readers a general glance of the subject of strabismus in a very short space, which is my only excuse for not having gone extensively into technical detail.

208 West Forty-second street.

COUGH AND ITS RELATION TO THE NOSE AND THROAT.

By Charles E. Teets, M. D., New York.

COUGH is not a disease to be treated, but a symptom to be traced to its cause.

This may be due in some cases to numerous reflex causes, and I would like to call your attention to those we find in the nose and throat, such as elongated uvula, enlarged tonsils; a granular state of the pharyngeal and laryngeal mucous membrane, polypi, etc.

There is no doubt that certain impressions are transmitted through the sympathetic nervous system to parts more or less remote from the seat of trouble. I have several times produced paroxysms of coughing by running a probe over a sensitive spur upon the septum. I do not want to be understood as claiming that every spur upon the septum will produce a cough, but they are, however, frequently the cause of an obstinate cough.

Spurs and ridges on the nasal septum, and hypertrophied turbinated bodies, will excite more or less irritation in the pharynx and larynx, and they are sometimes the cause of troublesome coughs.

Two years ago Miss A. came to me claiming that she had been troubled with a cough for over eight months. She had taken different remedies and had been treated by several physicians without getting any relief. Her general health being good, I came to the conclusion that the cough must be due to some abnormal condition of the throat or nose. I at first believed this to be due to hypertrophy of the papillæ at the base of the tongue, and enlarged faucial tonsils. These were removed, which partially ameliorated the par-

oxysms of coughing, but did not give entire relief. I then sought for a cause in the nasal cavities, and found on moving my probe gently over a spur situated upon the cartiloginus septum, that it provoked paroxysms of coughing. This spur was removed, which effectually cured the cough and gave permanent relief.

We all know the effects of an elongated uvula, such as irritating cough, frequent desire to clear the throat, and what relief is experienced after the superfluous part of the organ has been removed. We have the same symptoms from a long epiglottis, and from hypertrophy of the lingual tonsil or the papillæs situated at the base of the tongue. The epiglottis coming in contact with either the hypertrophied lingual tonsil or papillæ, which in their normal state are separated, will provoke a constant irritating cough. The removal of the redundant tissue will be followed by as much relief as abscission of the uvula.

The following case is one out of a number in my practice that has been permanently cured of obstinate cough of long standing by the treatment above mentioned.

Miss S., age twenty-five, consulted me February 15, 1891. She complained of distressing cough, which seemed to be caused by a tickling in the larynx, and a sensation as if there was a foreign body in the throat. On examination I found an enlarged lingual tonsil. Taking a probe I touched the most prominent part, when she at once exclaimed: "You have just touched the spot that gives me all the trouble." She informed me that she had consulted a number of physicians in the past eighteen months and had been unsuccessfully treated. She was effectually cured by a removal of the redundant tissue.

Another cause of cough is enlarged faucial tonsils. I do not allude to the usual and well recognized enlarged tonsils of the hyperplastic variety, which is so frequently seen, particularly in children, which is resistant to the touch and which, owing to its large size, excludes the faucial passage, materially interfering with respiration. Such enlarged tonsils are usually removed by the educated physician. On the contrary, I allude to a condition of the gland wherein the hypertrophy is more of the follicles than of the gland, and the tissue, while nodula, is yielding to the touch.

This increased volume of the hypertrophied tonsil may be hardly noticeable by the ordinary examination and, in fact, may even escape the attention of the observer. The glands being enlarged in an antero-posterior direction, so that comparatively slight protrusion inward is noticeable. But if the tongue depressor be forced back far enough the patient can be made to gag, when, by the contraction of the constrictors pharyngeus, the diseased tonsil will be thrown out from between the pillars. Such tonsils often forces the pillars apart at their middles, which are normally parallel, causing the posterior pillars to press against the posterior wall of the pharynx and eustachian tube. The lower portion of the tonsil is so large in some cases as to press against the tongue, keeping up a constant irritation and cough. The removal of this overgrowth of tissue is often followed by immediate relief.

Another cause of cough, and one that is often overlooked—in fact, not even mentioned in most of the text-books on the throat—is affection of the glosso-epiglottic, or lingual sinuses. The glosso-epiglottic sinuses are depressions between the epiglottis and base of the tongue, situated one on each side of the medicin glosso-epiglottic fold, and bounded exteriorly by the mucous membrane of the sides of the tongue, called the lateral glosso-epiglottic fold. Foreign bodies, such as bits of thread broken off in sewing, remain in these sinuses for a long time, provoking more or less irritation and cough, and sometimes resulting in ulceration.

Ulceration occasionally occurs from injury in swallowing bits of bone and food. Two cases of obstinate cough have been reported, which after being treated over twelve months without relief, were effectually cured by a few local applications to the sinuses of nitrate of silver. I have relieved several cases of obstinate cough of long standing by following this treatment.

We may have a cough resulting from affections of the pyriform sinus similar to those we find in the glosso-epiglottic, and which is permanently cured by following the same treatment. Occasionally there are seen upon the mucous membrane of the pharynx, especially the posterior wall, slight elevations. These have been described as follicular or granular pharyngitis. They are the result of hypertrophy of the follicles of the pharyngeal mucous membrane. This hypertrophy of the follicles is due to venous congestion, and which leading to perversion of the secretion causes a blocking up of the mouth of the follicles.

The symptoms are so well known to every physician that it seems hardly necessary to mention them. The frequent hawking to clear the throat, which after a time produces irritation and inflammation of the pharynx and sometimes the larynx, and the severe cough are the most noticeable symptoms. What relief is experienced and how grateful the patient when these have been removed. It is therefore necessary, if we expect satisfactory results from our treatment, to arrive at a correct knowledge of the cause of cough. Of course the more we understand as to the cause of any symptom, the better are we able to select and apply appropriate treatment. The possession of this knowledge will often make the treatment clear which would otherwise present a great deal of difficulty.

CLINIQUE.

SUBJECTIVE IMPRESSIONS OF TYPHOID FEVER.

By Francis B. Kellogg, M. D., Tacoma, W.

IT IS not often, fortunately, that a physician has an opportunity to study disease from a subjective standpoint. I have just enjoyed such an opportunity, of seven weeks' duration, and consider some features of my case of sufficient importance to be recorded.

The history of the infection was an illustration of the potency and portability of the typhoid germ, worthy of a text-book. It was my firm conviction from the first that I had taken the fever from the milk. Various considerations led me to this conclusion: First, it could not have come from the water, for all the water used in the house was boiled. Second, I have the habit of drinking a glass of milk on retiring at night, and also take another with my lunch. Third, a young lady visitor, in perfect health, who also indulged in milk while with us, went home and was straightway stricken with typhoid. Fourth, a neighbor's baby, who lived upon milk from the same farm, was taken ill at the same time with a complication of troubles, in which intestinal disturbance was a prominent feature.

As the days passed, other cases developed in different parts of the city, and inquiry brought out the fact that they all patronized the same milkman.

The health officer was notified and at once paid a visit to the dairy farm. He found everything very neat and clean. The dairyman protested that there was no sickness on the premises. A small stream flowed past the house and its water was utilized for washing the cans. Following this stream up for a few hundred yards, the health officer found an Indian hut, in which was a case of typhoid of seven weeks' standing. The stream had been used as a general scavenger; the germs had been captured in the cans, and hence the general infection.

The principal event of my case, which up to that time had been a mild one, was the relapse which occurred about the end of the third week. At this time my afternoon temperature, which had gradually risen each day a little higher until it reached 103°, and then as gradually subsided, was registering about 100°. Suddenly it jumped to 103° again, and during the following week rose to 104½°. From this apex it fell one half a degree daily until at the end of the sixth week the morning temperature was at first normal and then below. During the seventh week, however, the afternoon temperature persisted in registering 99° to 99½°. For five days I patiently waited for this remnant of typhoid, as I considered it, to retire, living in the meantime on an exclusive milk diet and hope. The latter had almost deserted me when it suddenly occurred to me that this slight afternoon rise was probably due to the same cause as my morning sub-normal temperature, viz., to the unstable equilibrium of a reduced nervous system. As the relaxation of sleep, I reasoned, was sufficient in my reduced condition of vitality to lower the heat of the body below its normal point, so the slight expenditure of nervous energy incident to wakefulness, thought and recumbent activity was enough to raise it slightly above the same. If this theory were correct, then the sooner a convalescent diet were adopted the sooner would returning strength correct this nervous irregularity. My good doctor saw the force of the suggestion and at once plied me with egg-nog and beef juice, with the happiest results. I felt like the sailors who, dying of thirst, suddenly discovered that they had been for days in the mouth of the Amazon, with fresh water all around them. My recovery from that point was rapid.

A single observation, however, I wish to emphasize, as it is the principal reason for this paper.

At the time when my morning temperature was approaching the normal point, and even more when it reached and fell below it, my pulse would become weak and my feet and legs cold to the knees. In precisely this stage of the disease a neighbor, who had been a strong man, but had suffered a more violent attack than I, suddenly died of heart failure. This, and my own cold feet, made an impression upon me. The heart evidently suffers a reaction as the fever subsides, and becomes relaxed; and it is only necessary for this relaxation to reach a certain point, or to occur in an organ impaired in some way to cause death from heart failure.

And why should the heart *not* become impaired at this point. It has been throughout in the thick of the fight and has had to bear the brunt of the battle. At the same time its own vigor has been sapped by the enemy, together with that of the rest of the body. Just at this time, when it is tottering with weakness and exhaustion, it is summoned to assist in the work of reconstruction. What wonder that the strain upon it is often greater than it can bear, and that it snaps.

So strong is my conviction of the danger hanging over this period of typhoid, that were I in general practice I should give a heart tonic during the decline of the fever as a routine practice. I believe that if one waits for heart symptoms to present themselves, he will be, in the great majority of cases, too late. A heart stimulant, then, will be like a whip to an exhausted horse. Much better to feed the horse beforehand than to try to stimulate him when too late.

THE CÆSAREAN SECTION BECAUSE OF PELVIC OBSTRUCTION; THE CHILD AND THE MOTHER BOTH BEING SAVED.*

BY PROF. R. LUDLAM, M. D.

IN June last I was called to Elgin, Ill., in consultation with Prof. A. L. Clark, of the Bennett Medical College. The case was that of a woman, aged thirty-six, who was supposed to be pregnant. Her menses had not appeared for three months and she had the other presumptive signs of pregnancy, as gastric disturbance, etc. Having once had an abortion, at the second month, and being taken with pelvic pains, she had sent for my friend, Dr. Clark, who, on making the necessary examination, had found the pelvis to be so completely occupied with a hard tumor that he could not feel or locate the os uteri or the cervix. So, although the pains soon subsided, it became a serious question whether she was really pregnant, and if so, what was best to be done under the circumstances.

We agreed upon the propriety of an exploratory incision, and I accordingly made it with Dr. Clark's assistance, June 28, 1892. We found the gravid uterus and the pelvic fibroid, as well as a second fibroma as big as an English walnut, that was imbedded in the anterior wall of the womb. But because of the non-viability of the fœtus, and the extreme desire of the parties interested to have a living child, as well as the impossibility of removing the larger fibroid without taking away the entire uterus and its appendages, we decided to close the wound and to await developments. It was advised to take good care of the patient with the hope and reasonable expectation that a Cæsarean section, with or without the Porro attachment, would be practicable at or about term.

She made a good recovery from the exploratory incision, adopted a system of riding and exercise in the open air and yesterday reached the 280th day, as they had figured it, from the date of her conception. But last evening at 6 o'clock she was seized with labor pains, which continued until 9 P. M., when the waters broke and the pains subsided. On making a digital examination, Dr. Clark found the same tumor in the pelvis, but could not reach or locate the os uteri. He sent for me at 10 P. M., and at 2 o'clock this morning, with the assistance of Prof. Clark and Drs. O. L. Pelton, C. S. Stettler and Percy L. Clark, I made the Cæsarean section. A plump, healthy child, weighing eight pounds, was taken through the uterine wound and quickly resuscitated. The placenta was separated and removed entire; there was very little hæmorrhage; the abdomen was cleansed; the small tumor in the line of the uterine incision was excised and the larger one left behind; both wounds were carefully and aseptically closed, and the patient put to bed in good condition. And when we left for home four hours later "the mother and child were doing well."

Let us first consider the negative side of this case. Why did we not make Porro's operation when the abdomen was first opened? Because (1) it would have destroyed the child's life; (2) because it could not have been safely done with that tumor left in the pelvis; and (3) because, under the circumstances, a *complete* hysterectomy was the only possible operative recourse, the only alternative. If the life of the child and the emphatic wish of the parties with respect to saving it at almost any cost had not interposed, you may be sure that the tumor, uterus and appendages would have been taken at that time.

And why did we not remove them all at the second operation, after the child had been safely delivered through an eight-inch window in the uterus? Because, having carried the mother to term and saved the child's life, we greatly preferred not to increase the risk of her recovery by adding the perils of a complete hysterectomy to those of a successful Cæsarean section. In the future, whatever becomes of the tumor, or however it may be disposed of, it is better, much better, now that she is a happy mother, that she should get well than for her to die of a prolonged and complicated operation. If the pelvic fibroid had been differently located, we should certainly have taken it at this second operation. As it is, the saving of two valued lives is our warrant for this conservative course.

It does not often happen that obstruction by a pelvic tumor necessitates the resort to so serious an operation as the Cæsarean section. And yet it might occur to any one of you to come upon such a case. Many years ago one of my medical friends found himself in this predicament and, his patient dying undelivered, he removed a large fibroid at *post-mortem*, and sent it to me to show to my class in obstetrics as illustrating one cause of impracticable labor. It was no reflection upon his skill, for in those days the professional usage would not have sanctioned a resort to such an expedient as that which we practiced last night; and besides, there were no aseptic safeguards then, and nobody hereabouts, at least, had ventured to open the womb for a similar cause.

Cystic and other tumors lying within the pelvis, if they are not too large and immobile, may sometimes be disposed of by tapping, or by pushing them above the brim so as to allow the presenting part of the child to advance. Cervical growths may even be removed by the écraseur, or otherwise, as a condition of delivery; but a solid fibroid that is big enough to block the parturient canal, and practically to fill the pelvis, so that although labor has begun, you can not feel or find a vestige of the uterine cervix, may be such a

* Extracts from a Clinical Lecture delivered in the Hahnemann Hospital of Chicago, November 23, 1892.

bar to its completion as to make a natural birth impossible. This was the condition of our patient, and it was just as pronounced in June, five months ago, as it was last evening after the waters had been discharged and parturition had set in. * * * *

We allowed the patient to go to term in order to secure the full development of the child; the possibility of a safe and easy separation of the placenta; and the after contraction of the uterus, which is so requisite a safeguard against hæmorrhage, and indirectly against sepsis, and which is so essential a condition of involution after delivery. Not being able to find the orifice of the womb, if the waters had not been discharged spontaneously we should have been forced to remove them through the uterine wound, which would have imperiled the life of the child by delay, and that of the mother also by the possibility that some of the amniotic fluid might have escaped into the peritoneal cavity. As it was, that liquor was drained off by the natural route.

Another item of practical interest is that, through Dr. Clark's careful supervision of the case we were able to go forward and make the necessary operation in the interval of repose which followed that discharge. To have waited for daylight, or to have dallied and hesitated, would have increased the risks for the mother through the worry and wear of ineffectual pains and the traumatism of the uterine tissues, and for the child by the fatal compression consequent upon an impracticable labor. Moreover, this precaution enabled us to operate while the uterus and the whole organism was in a state of quietude that was suited to a careful technique. * * *

To provide against serious hæmorrhage I placed the rubber ligature, but not tightly, about the neck of the womb and clamped it. To have it there temporarily was a wise precaution; for if necessary it could be tightened in a moment; but it would not answer to place it as we do in the Porro operation if we expected or hoped to remove a living child. So, after the child had been quickly delivered, the ligature was drawn more closely and left there while the placenta was being taken, the uterine cavity aseptically cleansed, and the wound closed, when it was removed.

Wednesday, November 30.—Dr. Clark writes that, with the exception of severe vomiting on the third night, the patient has done extremely well. Her temperature has ranged from normal to 101⅘°, and the wound looked all right at its first examination on the sixth day. The baby weighs eight pounds, and is flourishing; so that the old rule for results in the Cæsarean section which held that "while the child may live the mother will almost certainly die," has been broken in this instance.

Wednesday, December 7.—This is the fifteenth day; the patient has had an uninterrupted convalescence, and the child flourishes in all respects.

Wednesday, December 14.—The mother sat up an hour and a half to-day. Two nights ago she had a discharge resembling the menstrual flow, which continued for thirty-six hours and then ceased. There has been no secretion of milk in the breasts. The baby is thriving and well.

FIBROID TUMOR OF THE UTERUS AND ITS REMOVAL WITHOUT AN OPERATION.

By H. Rickaby, M. D., New York.

DURING the summer of 1881 my attention was called to a Miss S. P. B., of this city, age 22, unmarried, who complained of pain in the abdomen, which was growing larger, and on pressure was quite painful and hard. She would not submit to an examination, and did not wish to take medicine. Every month when her periods came on they were profuse, and when they ceased she was weak and anæmic, being obliged to remain in a recumbent position two or three days. This continued for months and years, the patient growing larger, until 1888.

She then developed anasarca. I gave her elaterium for two days, followed by apocynum, and as the progress of the disease had produced an increased action of the heart, I then gave her digitalis and other remedies indicated in this disease. In about five weeks the dropsy disappeared, but the former trouble still continued.

In 1889 she submitted for the first time to an examination, and, as I had suspected a fibroid tumor, I found that I was correct.

She was now as large as a woman eight months advanced in pregnancy. I informed her that there was little to be done in her case. I advised her to remain quiet and she might live for years.

I then consulted Dr. Emmet, and informed him I had ordered her to use a strong solution of alum water by injection, with which he agreed, as she was troubled with an offensive discharge, and he also said an operation would probably be fatal. To satisfy her parents I secured a bed for her in the Woman's Hospital at Forty-ninth street and Park avenue, and went with her to the hospital. On the day following her admission she was examined by the surgeons of the hospital, who told her that the tumor was so large that an operation, they thought, would cause death in forty-eight hours, and advised her to return home, take but moderate exercise, and she might live for years. This was on June 18, 1890.

She was troubled with nausea and her complexion was very sallow.

March, 1891.—Her sister came for me, saying she was dying. I found her in great agony and unable to retain anything on the stomach. I

ordered champagne, a table-spoonful every two hours, also suppositories:

℞ Opii .....grs. viij.
Cocoa butter .....q. s.

in suppositories viij., one to be used every three hours. March 19th, pulse, 130: temperature, 103. Her complexion had assumed a greenish-yellow tinge. She had then expelled a part of the tumor, a piece the size of the fist, the odor being intolerable. Patient would not submit to a digital examination. I ordered her to use carbolic acid, one teaspoonful to a pint of tepid water, and syringe twice a day. I feared from her appearance and temperature that she might succumb. As there was some evidence of blood poisoning, ordered:

℞ Ergot (Squibbs' solution).....℥ i.
Aqua.....iv.
M. Two teaspoonfuls every two hours.

March 20.—She had expelled the remainder of the tumor, weighing about five pounds. It was a hard compact, fibrous substance, color white, and, strange as it may seem, there was very little hæmorrhage. I advised her to continue the use of the syringe with the same solution as above. March 21st, found the patient free from pain, nausea disappeared. Ordered a tonic:

℞ Elixir of Peruvian bark and ferri protoxide... ℥ vi.
M. A dessert-spoonful three times a day.

March 22.—Patient improving rapidly. This proves that nature and not the physician had relieved her of the tumor that had afflicted her for ten years.

It is evident that the vessels which had supplied and nourished the tumor became in some way obstructed and then obliterated, decomposition then taking place. The tumor became a foreign substance, and nature completed her work by expelling it.

March 24.—Patient was cheerful and rapidly gaining strength. I then discontinued my visits, and she was able in a few days to come to my office. She said, "What a happy release this is." During the years of suffering she never became despondent, and is now in the full enjoyment of health.

Treatment of Tuberculosis of Bones and Joints.—A paper on this subject, by Professor N. Senn (*Annals of Surgery*, January, 1892), concludes as follows:

1. Parenchymatous and intra-articular injections of safe anti-bacillary substances are indicated in all subcutaneous tubercular lesions of bones and joints accessible to this treatment.

2. Of all substances so far employed in this method of treatment, iodoform has yielded the best results.

3. The curative effect of iodoform in the treatment of local tuberculosis is due to its anti-bacillary effect and its stimulating action on the healthy tissue adjacent to the tubercular product.

4. A ten per cent. emulsion in glycerine or pure olive oil is the best form in which this remedy should be administered subcutaneously.

5. The ethereal solution should never be employed, as it is liable to cause necrosis of the tissues overlying the abscess and iodoform intoxication.

6. Tubercular abscesses and joints containing synovial fluid or tubercular pus should always be washed out thoroughly with a three to five per cent. solution of boracic acid before the injection is made.

7. Injections should be made at intervals of one or two weeks, and their use persisted in until the indications point to the cessation of tubercular inflammation and the substitution for it of a satisfactory process of repair, or until the result of this treatment has shown its inefficacy and indications present themselves of the necessity of resorting to operative interference.

8. If the treatment promises to be successful, symptoms pointing to improvement manifest themselves not later than after the second or third injection.

9. In tubercular empyema of joints and tubercular abscesses, gradual diminution of the contents of the joint or abscess at each successive tapping, lessening of the solid contents of the fluid and increase of its viscidity are the conditions which indicate unerringly that the injections are proving useful, and that, in all probability, a cure will result from their further use.

10. Moderate use of limb is compatible with this method of treatment, provided the disease has not resulted in deformities, which would be aggravated by further use of the limb, in such cases correction of the deformity should be postponed until the primary joint affection has been cured by the injection.

11. Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joint.

12. This treatment may prove successful in primary osseous tuberculosis followed by involvement of the joint, provided the osseous foci are small.

13. Extensive sequestration of articular ends with secondary tubercular synovitis always necessitates resection, but preliminary treatment by iodoform injections into the affected joints constitutes a valuable preparatory treatment to the operation and adds to the certainty of a favorable result.

14. In open tubercular affections of joints, incision, scraping, disinfection, iodoformization, iodoform gauze tampon, suturing, and subsequent injections of iodoform emulsion as advised by Billroth, yield excellent results, and should be employed in all cases in which a more formidable operation can be avoided.

15. Balsam of Peru ranks next to iodoform in the treatment of tubercular affections of bones and joints, and, if the later remedy for any reason can not be employed or has failed in effecting the desired result, it should be given a fair trial if operative treatment is not urgently indicated.

Suicide During Parturition.—Severe as are the pains of labor, and trying as must be the prospect of prolonged suffering, it is not often that we have to record a case of suicide directly attributable to this cause. Recently, however, a woman at Wigan, England, alarmed by the announcement of a trifling abnormality in the presentation, took advantage of the absence of attendants in search of medical aid to commit suicide by jumping into the neighboring canal. The next morning her body was found with her newly-born infant, so that the sudden immersion must be credited with having caused uterine contraction sufficient to determine the birth of the child forthwith. The usual charitable verdict of suicide while of unsound mind was returned.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 528 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE: 528 FIFTH AVENUE, NEW YORK.

NEW YORK, FEBRUARY, 1893.

Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 72 William Street, N. Y.

IMPORTANT POINT IN DIAGNOSIS.

IN the January issue of THE TIMES, under the head of "Beginning at the Wrong End," we stated that if our rich men showed even a small portion of their business thrift and shrewdness in dispensing their charities as in making their money, they would appropriate during their life time what they had to bestow to prevent poverty, sickness and crime, instead of leaving it to public institutions after their death. The great mistake is made in dealing with results rather than causes. This is true to a certain extent with every class and with every profession, and with none more than our own. How many diseases which embitter the life and bids defiance to the skill of the physician could have been entirely avoided with a little sound advice and care on the part of the physician. Sexual excesses, nervous prostration, hysteria, withering of the ovaries and of the womb, falling and change of position of the womb and even sterility do not come without a cause, and that cause is often one easy of detection and removal.

Dr. Robert T. Morris, in his recent investigations, published in the December issue of the *American Journal of Obstetrics*, casts a flood of light upon conditions which have to a great extent been overlooked in the study of a certain class of troubles. Dr. Morris states that 80 per cent. of all American women have adhesions which bind together the glans of the clitoris and its prepuce in whole or in part, and which cause more or less disturbance. These adhesions in women are similar in character to those which occur less frequently in men, the disturbances being greater in women on account of their more highly sensitive nervous formation. The adherent prepuce produces such an impression upon the centers that degeneration of the whole sexual apparatus may follow, leading to serious nervous conditions, dislike for sexual congress and even sterility. It is an interesting fact that in the Negress and the Indian the clitoris is almost always free, its degeneration being confined mostly to the higher types of civilization. Irritation of the clitoris from whatever cause may lead at first to perverted sexual diseases of various kinds. "As a result of continued adhesive irritation or of masturbation, one or both, the second series of disturbances appear—the reflex neurosis—which include the most complicated and the most hurtful of the influences emerging from the peripheal irritation of the clitoris. Chronic peripheral overstimulation of the contripetal nerves connected with the centers of the spinal cord and brain lead, in ordinary consideration, first to acute reflex demonstration, then to slow degenerative changes in sympathizing organs, and finally to further complications dependent upon the diseased or functionally disturbed organs. For instance, if clitoris irritations lead to relaxation of the uterine ligaments, and the succeeding malposition of the uterus leads to circulatory disturbances that cause degeneration of the ovaries, the patient may suffer more from the ovarian complication than from the cause of her ovarian disease, but removal of the diseased ovaries will not make her a well woman. The fast-growing girl with preputial adhesions may become languid enough to sag into scoliosis until muscular relaxation is prevented by a removal of the cause. The young asthmatic, the girl whose uterus droops until it comes up in anteflexion upon the pelvic floor, the patient who is listless and fretful and fanciful as to her food, the patient with enuresis, with dysuria, with menstrual irregularities, the cataleptic, the epileptic, the patient with nervous dyspepsia or spasmodic stricture of the esophagus or simulated hip-joint disease, or with pseudo-paralysis, or with oft-recurring sick headache—all should be examined for preputial adhesions before making a diagnosis." All these conditions may, of course, arise from other causes, but from the fact that this one condition of the clitoris has in different cases been the cause of all these disturbances, the attention of the physician would naturally be directed first to this point. Any of these conditions developing in young girls or unmarried women should at once direct attention to the possible cause, and lead to

a careful examination; but that examination should always be by a female physician.

How many wrecked lives and how much physical and mental distress might be saved by sweeping away all false modesty and keeping these organs in a healthy condition is beyond expression. A recent very wise act of our Legislature requires a female physician in every insane asylum where there are insane patients, and it has been found that a large percentage of insanity in the unmarried arises from the reflex action of an unhealthy irritation of sexual organs which might have been relieved or even prevented if taken in hand in the early stages. Such cases are often beyond aid before being brought to the institutions, the brain cells having so far lost their tone as to be beyond recuperation. Not only the physician but the nurse should thoroughly understand the importance of an early attention to the cause of that nervous condition so often the result of reflex action from some point of irritation in the sexual organs or in the rectum.

GENERAL PARESIS OF THE INSANE.

WE HAVE never seen a more graphic and life-like picture of disease than that drawn by Dr. Henry Smith Welham, of paresis, in the December issue of the *North American Review:*

"The unvarying history of paresis places it peerless in bad pre-eminence, and as if this was not enough, its malignity is emphasized by the way in which it juggles with its victim before it extinguishes life. It changes his personality, dethrones reason, almost eliminates the mind, and steadily weakening the body, leaves towards the last a mere vegetative being, scare recognizable as the vestege of his former self; unknowing, unfeeling, mindless; to his friends at once a tearful memory and a terrible presence. Finally, death comes in a form horrible enough to be a fitting climax to so awful a disease. To make the image yet sadder and hence truer, it should be added that paresis usually selects for its victims the more intelligent members of the community. 'Selects' did I say? Rather I should have used the passive voice; for paresis does not come unbidden. Ruthless as it is when once it has seized a victim it need have no terrors for one who does not invite it by his actions. Let me, then, tell the way of life that leads to it.

"Imagine, if you please, a strong man of exuberant temperment; one of those buoyant souls who carry into middle life the spirit of perennial adolescence; to whom at forty, as at fifteen, every goose is a swan, every lass a queen. You all know the type; a large-hearted, generous, thrifty man; active, energetic, successfully, usually good-humored, at times irritable, excitable; who speaks and lives always in superlatives, whose pathway lies always on high mountains or in deep valleys.

"But there comes a time in which his exuberance seems to forsake him. He is often depressed, even hypochondriacal. His memory fails, his judgment lapses; he commits indiscretions that are 'unlike him.' He himself becomes alarmed, and consults a physician. Rest and recreation are prescribed; he goes to the mountains or the seashore, and comes back 'a new man.'

"For half a year, perhaps, he is like his old-time self. Then some day he surprises his friends by announcing magnificent schemes for making millions. His idea may be a feasible one or altogether Utopian. In either case it presents itself to him as an absolute certainty. He breaks out into lavish expenditure which persists as long as his money or credit lasts. Finally his judgment is altogether in abeyance, and he becomes the pray of chaotic emotions.

"Attempts to restrain him at home proving futile, the patient is sent to an asylum. Here, perhaps, he becomes at first raving, maniacal, or, perhaps, the embodiment of happy fatuousness. After a time excitement subsides, and apparent convalescence supervenes. He may be well enough to return to his business, and to fulfill the ordinary relations of life, but such remissions are only a common feature of the disease, and afford not the faintest ground for hope of recovery, the inevitable relapse announces itself sooner or later. He may rally again and again, but the inevitable end is that he sinks into a vegetative, soulless existence, with his mind so vacuous that while he will instinctively swallow food and water placed in his mouth, he would starve with food by his side, and choke with water before him. His senses, too, are destroyed, and he will swallow soap as readily as bread.

"So much for the disease—paresis. Now as to its cause. It can be epitomized in two words—excessive action. Paresis is a protest of nature against abuse of function. Whatever tends to bring too great or too continuous a strain upon the blood-vessels of the brain tends to weaken them, and thus invites paresis. Mental overwork is rare. Business stress and worry are far more common factors. Alcohol is a yet more potent accessory; but in the vast majority of cases, though these accessory causes have their effect, the chief causes of paresis are habits and excesses which I need not name, working on a

foundation laid by a disease that I may not name because it is in itself a synonym for immorality.

"Now, above most other things, I would regret to pose as an alarmist, hence I close by reiterating what is everywhere implied in this paper: If you have lived a measurably temperate life, you need not fear paresis."

THE PROFESSION AND GOOD ROADS.

THERE is no class which should be more interested in "good roads" than the members of the medical profession, for they use them probably more than any other class in the community. Leagues are being formed all over the country, and it is hoped that every school district will have one, as a part of the National League, recently organized in Chicago. General Roy Stone, of 45 Broadway, this city, will send literature on the subject and furnish blanks for the formation of local leagues. It is the intention to issue a weekly newspaper in the interest of this cause within a short time.

The members of the medical profession, particularly in the rural regions, can do much to help in this work, by talking it up and promoting the formation of local leagues as they go "their rounds." All will admit that our roads as a whole are poor and need reforming, while the means employed to improve them are unscientific and unsatisfactory. The average country road is no better than when left to us by our forefathers, and we ought to be ashamed of it, especially when we observe the improvements in other directions.

In order to accomplish much, there must be full and free discussion based upon ample knowledge of the subject in its broadest scope.

It is to be hoped that our profession will be foremost in the organization of these leagues, and that the respective members will take hold at once and hang on until something is accomplished! The local league will give people opportunity to compare notes, will furnish information as to the right way, and it will bring them in contact with those who have made the subject a *study!* It is said that in forming these leagues no personal liability whatever is incurred and the membership may be terminated at any time.

Governor Flower, in his annual message, has made some very excellent suggestions in reference to the improvement of common roads. By a careful inquiry, directed to town clerks for statistics of the cost of roads, he has ascertained that each county pays annually in labor and cash for building and maintaining highways about $54,000; a large proportion of which the governor thinks is practically wasted, and points out that a different system with no greater expenditure would give each county fine macadamized roads. The legislature is urged to pass a general law prescribing improved roads and providing for their construction under county supervision. The united influence of the medical profession should be brought to bear upon our legislators to give force to the governor's recommendations. Give us better roads, and the comfort and health of every one living in the country would be immensely improved. The bicycle, to a certain extent, would take the place of the carriage, and the movement from place to place would be easy and healthy and land carriage much less expensive. Why in the matter of roads should we be so much behind the Old World?

DOROTHA DIX.

A SKETCH of the life work of one of the greatest and purest philanthropists of modern times, the Quakeress Dorotha Dix, is given in the January issue of the *Century*. Her efforts were specially directed to the care of the insane, and in three States in the Union, through her indefatigable labor in visiting alms-houses and jails, and utilizing the facts thus obtained in editorials and in personal interviews with legislative committees and leading statesmen, a very marked improvement in the condition of the insane was produced. It was through her influence that an appropriation was obtained from Congress for a hospital for the insane in the army and navy. The veto by President Pierce of the bill to appropriate 20,000 square miles of public land among the States, fell with almost crushing force upon her, but no presidential veto could for any length of time weaken the strong will and indomitable spirit of one, who without thought of self, was working solely for the good of insanity.

THE PRESIDENT OF THE BOARD OF HEALTH SHOULD BE A MEDICAL MAN.

IN his inaugural address delivered recently before the Academy of Medicine, Dr. D. B. St. John Roosa, the new president, made a suggestion which was enthusiastically received by the members present.

Dr. Roosa proposed that an attempt be made by the medical profession to secure for itself, in the person of one of its reputable members, the office of president of the Board of Health, which is now held according to law by a non-professional, and is, under the existing condition of

affairs, an office devoted more to the interests of politicians than to the public welfare.

Dr. Roosa said: "If the control of the Health Board is placed in the hands of the medical profession, it would be a great improvement upon the condition of affairs at present. The presidency is an office that should be held by a physician. It can only be properly filled by a physician.

"It belongs to the medical profession and should be under the control of it, for the same reason that an army should be commanded by a military man, or a newspaper be directed by a journalist. In time of trouble, such as the recent cholera scare, the board was compelled to fall back upon Dr. Bryant. It was unable to cope with the trouble unaided.

"This is not the first attempt to regain the office that has been made. Dr. Andrew Smith spoke upon the subject some years ago. We shall endeavor to have the law repealed."

LOCO OR CRAZY WEED.

DR. A. J. GIVENS, of Stamford, Conn., has an article in the *Medical Century* for January, 1893, on this subject. Several clinical cases are reported, and he says: "From these and other observations I became convinced that loco weed had no effect upon insane persons; that it could not be advantageously utilized in the treatment of mental disorders; that it was harmless even when taken in large doses, and that it might at the same time have a poisonous and deleterious action on grass-eating animals, as confirmed by the statements of many different persons."

THE PRICE OF MILK SUGAR.

THE wholesale price of milk sugar is now *seventeen cents* per pound, and we have recently been charged by a well-known house *sixty cents* per pound for prescription sugar, while another equally well-known firm quotes us *forty cents* per pound for *exactly* the same thing and quantity.

We think it is right for us to warn our readers against this extortion!

You can buy the best prescription sugar of milk for *forty cents* per pound, in five pound lots.

MIDDLETOWN INSANE HOSPITAL.

THE twenty-second annual report of the Middletown State Hospital for the Insane, gives a better picture of the practical workings of the philosophy of the New School in its entirety than we have ever seen. In all the details of the work, so clearly given by the superintendent and his assistants, there is seen an adaptation of means to ends based upon the thorough sifting of facts, and the deductions from scientific experiments in all which pertains to mental and physical health. The institution is a hospital in the broadest sense of the word, and the work is carried on with one great idea overmastering all others, relief and cure by any and every means which will best accomplish the purpose. The idea that the patient is a human being generally irresponsible and better controlled by kindness is never forgotten. The administration of drugs forms only a very small but often important part in the general management of the insane, as practiced in this institution. We should be very glad to see this report in the hands of every one of our legislators at Albany. The trustees in their report claim that inasmuch as this institution was built for a specific purpose, and to a certain extent from private contribution, it should still be open first and foremost to all patients desiring homœopathic treatment from every part of the State, and that the poor should be conveyed to it free of expense. The commissioners have conceded the first part of the claim, and we have reason to believe will be heartily in accord with an amendment to the law providing for the matter of expense. We find the average population of the hospital during the year was 827 patients, and 1,104 were treated, of which 854 remained at the end of the year.

WHAT THEN?—The present output of coal in the world has been estimated at 485,000,000 tons, as follows: United States, 141,000,000 tons; Great Britain, 128,000,000 tons; Germany, 90,000,000 tons; France, 28,000,000 tons; Belgium, 20,000,000 tons; Austria, 9,000,000 tons; Russia, 6,000,000 tons. It has been estimated that the available quantity of coal in Great Britain above a depth of 4,000 feet from the surface is about 150,000,000,000 tons. If the increase of population should continue at its present rate, with the relative consumption of coal remaining the same, the above supply will be exhausted in about 300 years. And what then, when the stored up heat of the carboniferous age has been exhausted, what will supply the world with power to make the earth subservient to man's will? The answer is already being given in utilizing in another way and on a higher plane the heat of the sun and electric force, the very elements which made of the sun's heat the crystalizing power which united atoms and molecules into rocks and dissolved them to combine in a living carbon a storage of power for future use.

THE weather was so intensely cold when the corner-stone of the Cathedral of St. John the Divine, in Morningside Park, was lowered to its place in the presence of a large crowd of prelates and dignitaries, that any amount of pneumonias and colds were predicted as an inevitable result of the exposure. But there was no exposure, and while the thermometer outside was at about zero, the ceremonies were carried through from beginning to end before a large assembly in an atmosphere of seventy degrees. Typifying the form of a cathedral, a pavilion was constructed, covered with canvas, cruciform in plan around the corner-stone, 106 feet in one direction and 54 in the other. A raised platform, about 15 feet square was erected in the center around the corner-stone; on all sides of the square platform were wide spaces facilitating passage to the aisles in the naves and transepts, in which were 12 tiers of raised platforms, upon which were placed 1,100 camp chairs; at each end of the platforms and at the rear were 4 foot aisles. Nine electric arc lamps were suspended from the poles and roof and brilliantly illuminated the entire space. A complete steam-heating plant kept the temperature at 72°. So admirable were the arrangements for comfort that not a single case of sickness has been reported from exposure.

THE statistics of illegitimate births in different nations of Europe recently published by Dr. Liffingwell, show that in sexual morality the Irish stand at the head, their percentage of illegitimate births being 26 per 1,000, while in England it is 48; in Scotland, 82; in France, 82; in Italy, 74; in Sweden, Saxony and Bavaria the list rises up to between 100 and 140, and in Austria, 140 per 1,000. The Russians are next to the Irish, being only 28 to the 1,000, and the Dutch 32 to the 1,000. It is difficult to determine the cause of the great difference of percentage. It can not be religion, for Italy, Austria and Ireland are all Catholic, and Russia almost the same as Catholic. Possibly climate, to which so much has been attributed, after all may be a less factor in this matter than heredity, social usage and the marriage law.

At the annual election of the Academy of Medicine, held on January 5th, the following officers were elected: President, Dr. D. B. St. John Roosa; vice-president, Dr. Lewis A. Stimson; trustee, Dr. Arthur M. Jacobus; delegates to the State Medical Society, Drs. Henry D. Chapin, Hobart Cheeseman, Henry C. Coe, William A. Ewing and Le Roy M. Yale.

The *Century* for January has an excellent article on the "Kindergarten in America," by Talcott Williams, which should be read by all who are interested in the subject.

BIBLIOGRAPHICAL.

A TREATISE ON DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE. By Joseph T. Mathews, M. D., Professor of the Principles and Practice of Surgery and Clinical Lecturer on Diseases of the Rectum, Kentucky School of Medicine. 8vo, 537 pages, $5.00. D. Appleton & Co., Publishers, New York, 1892.

Perhaps in no age have there been such strides made in the various departments of medical science as in the present. With the progress made in the specialties there has followed naturally such an elaboration of each subject as in many cases to necessitate special works. Dr. Mathews has given us a most excellent treatise on diseases of the rectum, anus and sigmoid flexure. He is a man of high standing in the profession, has an extensive experience in his specialty and, therefore, can speak as one having authority.

Dr. Mathews has introduced some topics which have not been dealt with before by authors in this line of work, a few of which we will mention. We take occasion here, however, to note a common characteristic of Old School authors and writers; their studied method of ignoring any original idea emanating from any member of the New School of medicine. It is with mingled pity and sorrow that we contemplate this subject, for it is simply an index showing the relations of the schools of medicine—a persecution and attempted annihilation on one side, and practical scientific progress on the other. To illustrate: You have noticed the efforts of Bartholow, in his "Materia Medica and Therapeutics," to belittle the authors of the New School materia medica, as for instance, on the subject of "aconite," in which case he speaks of the New School monopoly of it, stating that this fact had discouraged its use! It is very satisfactory to note, however, that he has had to come down from his unprofessional position before the honest statements of such men as Ringer, Bristow and others.

A case in point is the manner in which Dr. Mathews ignores Professor E. H. Pratt, A. M., M. D., LL.D., of Chicago, a man better known to the physicians of this country, irrespective of school, than himself. The latter in dealing with subjects upon which Dr. Pratt has caused so much comment and discussion fails to mention his name! The subjects were of so much importance, however, that he felt his work incomplete without mentioning them in a very painstaking way, as we shall narrate.

If it were necessary to show the confidence which the medical profession at large has for Dr. Pratt, which would be a good indication of his standing, we might mention the fact that his last class on orificial surgery, held in September, 1892, contained over one hundred of our most progressive surgeons and physicians, and that its composition was a very even mixture of the two schools of medicine.

Under the head of "Pockets and Papillæ," the author states in his work that: "After the lapse of many years another great anatomical discovery (?) has been made, and it is left for the traveling peddler or itinerant to herald it, not to the profession, but to the world at large." Following this he indulges in ridicule on the subject of "pockets and papillæ" in a way unbecoming an author who evidently wishes to pose as a scientific man. He considers the subject of sufficient importance, however, to include the opinions of two of the professors of anatomy in his locality. Without further reference as to any pathological state into which pockets and papillæ may degenerate, it being as yet not fully accepted, we hope Dr. Mathews will enjoy his position after having called his confrères such distinguished names as "traveling peddlers and itinerants!"

The subject of reflexes is one which has been receiving considerable attention for some time in all of the specialties, the ophthalmologist tracing most ills to reflexes from the

eye, the gynæcologist to the uterus, and so on. Kelsey in his book, the most voluminous before this publication, just refers to some reflexes (1890); Andrews also (1889). So far as we have been able to ascertain, Dr. Pratt has a priority in book publication, his being 1887. The space given by Dr. Mathews is very valuable, if nothing more than to re-impress the facts on the minds of those who knew them before. We might say it would not be necessary to startle the world by a new source of reflexes if we would carefully read and think over such valuable publications as Ranney on "Applied Anatomy of the Nervous System;" "Lectures on Nervous Diseases" and other works which direct attention to our earlier studies of anatomy and physiology.

Has the book under review given us anything new or any better methods of treating hemorrhoids, fistulæ or prolapse? We are quite familiar with the old methods of clamp, cautery, ligature and cerates, and although we think the work a step in advance of Kelsey, the surgical methods are so far behind those of Pratt's and the dangers pointed out by Mathews so absolutely erroneous, as to appear ridiculous. This is not strange, as it is quite evident that the author has evolved them from pure theory, not having seen the new operations performed. We hope to see a just recognition in the second edition, and the new methods now employed by surgeons who are not itinerants or peddlers.

M. O. T.

EDEOLOGY. A Treatise on Generative Life, including Prenatal Influence, Prevention of Conception and Hygiene of Generative Life. A Book for every Man and Woman. By Sidney Barrington Elliot, M. D., New York. Philadelphia: F. A. Davis Publishing Co.

The plan of the work has been so fully matured and clearly outlined in the author's mind, that he has been able by a wide course of reading and personal inquiry to bring to the support of every step of his argument the emphatic and strongly pronounced declarations of some of the ablest thinkers and writers in our profession in Europe and America.

The argument commences with a discussion of pre-natal influence, and the position of the author is fully sustained by the presentation of a large number of cases, "That of the thousands of human souls born into the world every day, a large number go to swell the crowded ranks of the unfortunate and imperfect class. Many are so weak-minded, so naturally vicious and incapable of deriving benefit from what is good that they are beyond the reach of man." Following the position thus taken and as a natural sequence comes the question of the prevention of conception. While abortion is condemned in just and unmeasured terms, the regulation of conception, so as best to secure healthy offspring and limited in every family to the number which can be carefully cared for and supported during the period of infancy, is fully indorsed and supported by a strong array of authorities on medicine, law and theology, from Plato to the present time. The work closes with a very intelligent discussion of the hygiene and physiology of generative life. The author is quite right in the statement on the title page, that "this is a book for every man and woman."

A MANUAL OF CLINICAL OPHTHALMOLOGY. By Howard F. Hansell, M. D., and James H. Bell, M. D. Philadelphia: P. Blakiston, Son & Co.

No attempt has been made in this volume to treat the subjects exhaustively, but a brief and very clear and intelligent review has been given of the anatomy, physiology, refraction and common diseases of the eye, the treatment and practice partaking of the character, directness and practicability of clinical teaching. To the undergraduate the work will be extremely useful and very convenient for reference to the general practitioner.

ALASKANA. By Prof. Bushrod W. James, A. M., M. D. Philadelphia: Porter & Coates.

The legends in which Alaska is so rich, carrying us back to the dawn of time, are fittingly set to verse, which in a few well chosen words frame graphic pictures of legendary, some which have come down through ages but little changed through the flight of centuries. The story of evolution runs through all these legends of creation and race, and we catch from these old time stories glimpses of the same line of thought woven into much of biblical and ancient oriental literature, showing the same origin. To those who have never visted Alaska, there is a world of beauty and grandeur before them, unequaled by any other part of the world. The channels torn through the mountains, whose evergreen covered sides tower above them on either side, the rivulets dashing down the precipitous sides thousands of feet, the sunken islands, the tops just rising above the water, the rocks scored deeply by the moving glaciers of the ice age and the relics of the glaciers themselves carry us back to the great ice age ten thousand years ago, when the whole of the northwest, from the coast of Maine westward along Long Island, deflecting slightly to the north, was a mighty ice field, in some places thousands of feet deep. We can not refrain from giving the following truthful picture of Alaskan scenery:

"High and bold her mountain ranges,
Crest her shore and dip their shadows
Deep into the dark blue sea wells
That are waveless, as if awe struck
At the grand, majestic presence!
Hills with verdure topped and skirted,
Valleys gay with golden poppies,
Granite crag, with naked foreheads
Guarding well the river passes—
Great volcanoes, cold and scar-seamed
Resting from their fiery belchings,
Bearing in their rough crevasses
Ghost-like ashes of their passion—
Mountains rearing snow-capped summits
Far into the sun's bright kingdom—
Ranges over-topping ranges,
Darkly frowning, palely ghost-like,
Peering through the clefts once riven
By some shock that made earth tremble—
Here and there one, taller, nobler,
Standing forth alone and peerless,
Like a mighty chief in armor,
Holding converse with his vassals,
But with grandly king-like bearing
Binding them in stern subjection—
Bidding them make no encroachments
On his gray and stony ramparts.
All upon her breast upholden
Are these tender gems of beauty.
Are these trackless crags and mountains,
And as mothers hold their children,
With no frowning at the burden.
Mighty glaciers, bound for ages
To her brow with icy fetters,
Glow in varied tints of azure
Like a crown with sapphire setting;
And the tinkling rills and streamlets
Make sweet music for her dreaming,
As they drip, and run, and murmur
From their coldly sparkling birthplace."

SYMPTOMATOLOGY AND DIAGNOSIS OF DISEASES OF CHILDREN. By Nil Filatow, Extraordinary Professor of Pediatry in the Imperial University of Moscow and Director of the Chludow Children's Hospital. Translated from the second Russian edition by Dr. A. Hippius, specialist in children's diseases, Moscow. Stuttgart, Germany, Ferd. Enke, publisher, 1892; 430 pp.

This manual, intended for students and young physicians who, though familiar with the special pathology and therapeutics, as well as the methods of clinical examination, yet have had no practical experience in the diagnostication of children's diseases. The value of the work is attested by its appearing in a second edition in a country where the market is flooded with translations of

the best foreign works. The characteristic is the consideration of the cardinal symptoms of the ordinary diseases without permitting the student to lose himself in the maze of details. This the writer has attempted to attain by examination and consideration of the single symptoms of diseases more than is usually given to them in the ordinary text-books, by omitting all unessential details in order to avoid leading the student into intricacies and confusion. The diseases peculiar to children alone are dilated on with greater length, while the rare affections are either entirely omitted or hastily mentioned, as well as those where the diagnosis does not differ from that of adults. The diagnostic value is apparent on hastily reading through a single chapter, and on further perusal the same conviction becomes more and more fixed. The style is easy and light, unburdened by long references or footnotes to detract the attention of the reader, and it would be a valuable addition to one's library. F. H. P.

TWENTY-THIRD ANNUAL REPORT OF THE BOARD OF DIRECTORS OF THE MANHATTAN EYE AND EAR HOSPITAL.

The number of patients treated has increased from 13,156, in 1890-91 to 14,123 in 1891-92, who made 64,588 visits at the clinics. Ten years ago the total number was 5,666, making an increase of 8,457 in a single decade.

The number of days' board to patients has increased from 13,260 in 1890-91 to 14,123 in 1891-92. The number of days of gratuitous board has increased in ten years from 1,165 to 8,377.

On September 30, 1894, the Hospital will reach its twenty-fifth anniversary. The directors hope that, before that date, the amount of $250,000 will be raised and the Agnew Memorial Fund completed, which will enable the directors to utilize the property already purchased in the rear of the present building, so that the accommodations of the Hospital may be enlarged to meet the growing needs of the city of New York.

HAND-BOOK OF MASSAGE. By Emil Kleen, M. D., Ph. D. Translated from the Swedish by Edward Massey Hartwell, M. D., Ph. D. Philadelphia: P. Blakiston, Son & Co., publishers, 1893.

Every one who has read the classic work of Dr. Kleen in German, will be glad to see it in such excellent dress in English, in which the literal meaning of the original text is so accurately and gracefully rendered by the translator. The term massage, as it is usually understood, does not fairly represent the scope of this volume. The author treats massage not as an exclusive system, but as a remedial measure among many, capable of being frequently employed, but which is seldom to be used by itself alone. In a clear and scientific manner and a thorough sifting of material, the contra-indications for massage are as justly set forth as the indications for it, and both without exaggeration. The work is by far the most scientific and most practical ever published.

ANNOUNCEMENT.—E. B. Treat, Publisher, New York, has in press for early publication the 1893 *International Medical Annual;* being the eleventh yearly issue of this extremely useful work.

A glance at the prospectus gives promises that the 1893 issue will be better than any of its predecessors.

There are thirty-eight distinguished specialists on its corp of editors, carefully selected from among the most eminent physicians and surgeons of America, England and the Continent.

It arranges in a practical way for ready reference what is worth preserving of the year's medical literature, together with a number of important papers specially written; and will contain over 6,000 references to diseases and their remedies; many illustrations in black and colors being used where helpful in explaining the text.

The service rendered by this work, giving the year's progress in medicine and surgery so conveniently and at so low a price ($2.75), can not be overestimated.

Altogether it makes a most desirable, if not an absolutely necessary, investment for the practitioner.

A MANUAL OF THE PRACTICE OF MEDICINE, PREPARED ESPECIALLY FOR STUDENTS. By A. A. Stevens, A. M., M. D., Instructor of Physical Diagnosis in the University of Pennsylvania, and Demonstrator of Pathology in the Women's Medical College, Philadelphia. Illustrated. Philadelphia: W. B. Saunders, 1893, 12mo., pp. 501. Price, $2.50.

An excellent book for the purpose indicated. It is practical, concise, to the point and contains just what the student wants for his first reading in this branch.

THE GREAT DIVIDE.

This national monthly, well named *The Great Divide*, continues to meet with the most flattering appreciation, and during the past year has been a success, and has gained a prestige that is more than flattering. Its wonderful growth has given it a national reputation, and this "young giant of the Rockies" has an established place among American monthlies, and is recognized as a peculiarly national publication. For the coming year special features have been prepared.

Articles on silver and gold mining, on precious gems, on the natural resources, on the scenic beauties, in fact a panoramic presentation of life and fact in the great West, rich in color and accurate in detail.

Special attention will be paid to illustrations and *The Great Divide*, for 1893, will be more picturesque, valuable and interesting than ever. Send ten cents for sample copy to *Great Divide* Publishing Co., 1516 Arapahoe St., Denver.

CONSUMPTION AND KOCHINE. Original observations and reports based on individual experience. By Dr. Rudolf Sliffert. Authorized translation by Wolf Von Schierbrand, with colored plates. Chicago: Ed. Ackermann & Co.; pp. 118, 8vo. Price, $1.25.

"MOULINS' TEXT-BOOK ON SURGERY" first published in April, 1891, so far met the needs of the profession, by its scientific accuracy, its elegance of diction and its clear practical statement and discussion of broad principles, that in twelve months a large edition was exhausted and it had been recommended in more than twenty medical schools. A new edition will be soon issued by its publishers, P. Blakiston, Son & Co., under the editoral supervision of ex-Surgeon General Hamilton.

We have received the Third Biennial Report of the Trustees and Officers of the Third Hospital for Insane, at Fergus Falls, Minn., with the compliments of the late medical superintendent, Dr. A. P. Williamson, now of Minneapolis, where he has recently settled to practice his specialty. This report is very elaborate and makes an excellent showing.

Our attention has been recently called to one of the greatest wonders in book-making, even in this wonderful age, in Rand, McNally & Co.'s indexed atlas of the world. In the quiet of your own library, in this volume you can catch almost at a glance in maps and letter-press the world's progress in arts, in literature, in commerce and population, and in all its great industries. Every town

and village in every State and nation in the world is given. Colored diagrams show not only the density of population and its increase or decrease, but also the wealth, debt and taxation of every civilized nation, with the chief productions, articles of manufacture, commerce, etc. We know of no reference book which will compare with this atlas in the fullness of general information and the minute details of its maps, so minute that every village, post-office, mountain range and lake can be located with perfect ease. It can only be by large sales that the publishers can secure a return of the unlimited amount of money which has been spent in perfecting and completing this enterprise.

The second series of *International Clinics*, in quarterly volumes of nearly 400 pages, published by J. B. Lippincott Company, 1892, is even superior in general interest to the first series. The first volume of the series contains thirty-eight lectures by some of the ablest specialists in the world, men who have something to say, not culled from books and a rehash of old ideas, but fresh from their own experience clearly and tersely told. The second and third volumes contain fifty lectures each, and the second a lifelike portrait of Dr. Agnew, with a biographical sketch by Dr. Ashurst. There is scarcely a subject in the wide domain of our profession which is not thoroughly related in these lectures.

CORRESPONDENCE.

WASHINGTON AS A HEALTH RESORT.

To the Editors of the NEW YORK MEDICAL TIMES:

In responding to your request to give the readers of the TIMES my opinion regarding the therapeutic advantages afforded by the local conditions of Washington as an ideal health resort, I do so the more willingly because of the unfortunate prejudice which widely obtains against the alleged unhealthfulness of the Capital, a prejudice which undoubtedly deters many invalids from availing themselves of the benefits which might accrue from a temporary residence in this city.

Throughout the country one commonly encounters the belief that impure water, bad drainage, miasmatic exhalations from the festering ooze of adjacent river bottoms, with other pestilential elements, combine to form a constant menace to the health and life of its inhabitants.

In what this unfavorable opinion originated we need not inquire, but we have not to look far for the *promoting* cause, and when found, the evil influences lie not so much with local conditions as individual shortcomings on the part of those who, temporarily abiding at the Capital, indulge in unaccustomed ways and imprudences, and when experiencing the inevitable consequences, make a scapegoat of local influences, which conclusion, communicated to the credulous ones at home, is repeated with accentuation and thus the erroneous impression is deepened and extended.

For nearly twenty years I have studied and practically tested the comparative therapeutic advantages of this city, as exemplified in the treatment of patients seeking the benefits of "change" and also in relation to the general health of permanent residents, and the conclusions arrived at have certainly been highly favorable to the superior healthfulness of this place. It may not be amiss here to remark that during the last ten years a protracted illness has led me in quest of health to journey twice to the Pacific coast, in connection with which the principal health localities of the continent were visited and their respective merits investigated; therefore it is hardly too much to claim the possession of a fund of information which enables me to speak with considerable authority on the comparative advantages of health resorts, and I am prepared to maintain most emphatically, that, all things considered, the local environment of the Capital City, from a therapeutic standpoint, is immeasurably superior to any other in the country.

In the selection of a health resort, physicians are too apt to attach all-absorbing importance to atmospheric conditions, to the neglect of other no less vital essentials, notably, an ample supply of fresh, pure water, as well as surroundings calculated to secure enjoyable out-door exercise.

Let us now briefly consider what Washington has to offer on the score of these requisites. Before reviewing the weather records it may be well to state that long acquaintance and personal investigation of the verities in the case do not by any means tend to corroborate the idea of the alleged malarial influences of this locality. That there are mischievous effects from cheap plumbing in proportion to the extent of cheap contract building, is a reasonable inference, but certainly to no greater degree in this than in other populous cities. In the main the sewerage system is excellent, and certain it is that the mortuary statistics show the health standard to be above the average.

It would require too much space to insert a detailed recital of the weather statistics, and we will, therefore, produce only a condensed showing for six winter months beginning November 1st, 1891: One hundred and forty of the 182 days were pleasant, *i. e.*, *sunny* days in Washington; forty-two were cloudy or unpleasant. New York had fifteen more stormy days and *many* more cloudy ones than Washington, and Jacksonville had twenty-two more, or three stormy days to every two in Washington throughout the winter season. During the same period the temperature taken in the aggregate averaged five degrees higher in Washington than in New York, eight higher than in Boston and twenty-two lower than in Jacksonville. This is a very insignificant showing compared to that obtained by a fuller reading of the reports of extreme daily vibrations of temperature exhibited in different localities, and which in this respect gives a marked advantage to Washington over the cities above mentioned. The extreme sudden plunges of temperature so common in cities along the Atlantic coast are of comparatively rare occurrence here; moreover, a pleasant or sunny winter's day in Washington implies advantages inexpressibly superior to those which a corresponding state of the atmosphere affords in other cities where a pleasant condition overhead is commonly accompanied by a most trying and objectionable state of things underfoot. On account of the smooth non-absorbent character of the pavement in general use here, an hour's sunshine or fair weather, even after the hardest downpour of rain, will render the streets so dry and clean that one can walk dry shod to any part of the city. In other cities further north, melting snow and ice, saturated with mud and all sorts of abominations, combine in a slush which renders out-door exercise exceedingly disagreeable and dangerous, for besides the unpleasantness there arises from the saturated pavement, a chill damp exhalation which penetrates to the innermost recesses of the body, which to invalids and delicate women is a condition fraught with danger. Only those who have personally experienced the comparative conditions as they ordinarily co-exist in the respective cities, can form an adequate idea of the superior advantages afforded by the usually clean, dry streets of Washington, over the dirty, slush soaked thoroughfares of other cities. Nothing serves to bring home more forcibly a practical conception of all this than the correspondence of invalids, who residing temporarily in Washington describe the daily walks and drives they are enjoying, while the "home correspondents" are contending with seasonable difficulties which make out-of-door exercise an unpleasant and often painful effort. In this peculiar local feature there is plainly an incalculable therapeutic advantage, since it affords those who avail themselves of the benefits thereby obtainable the great oppor-

tunity of spending part of the winter's day in out-of-door pursuits, instead of being virtually imprisoned during the long, dreary months in badly ventilated apartments where respiration of vitiated air, lack of physical exercise, non-assimilation of food, together with the inevitable monotony of protracted indoor life, all unite in sustaining the traditional belief regarding the fateful influences of springtime completing the destruction of the already impaired vitalities. I do not mean to imply that a positive cure would accrue to these patients were they to place themselves under the more favorable influences afforded by a well regulated winter's sojourn in Washington, but practical observation warrants the claim that a fair proportion of cases for whom an early fatal termination is foreshadowed under the ordinary conditions, would, under judicious management and favorable influences, experience instead a happy upward tendency of vital energies in the springtime when all life is responding most actively to the re-animating forces of nature. In corroboration, did space permit, I could instance numerous cases in personal practice, in which great prostration from hemorrhages, racking cough, hectic fever, sweats, emaciation, etc., marked the outset, even to inability to endure the journey in a sitting posture, the outlook being dubious in the extreme and yet the benefits derived from change and out-door life during the winter months spent in Washington were shown in the marked improvement which became more pronounced at the approach of warm weather, until in many instances to casual observation health seemed fairly restored. It is only proper to remark here that the good thus achieved was too often undone by too early a return to original disadvantageous local surroundings, where the unfortunates usually re-encountered their old enemy lying in wait to re-assert its evil power with invincible force; a significant fact which points the vital necessity of remaining a sufficient time under the favorable influences to ensure the confirmation of health, which time is not to be measured by months or even years; indeed, 'tis the better part of wisdom to make it a life-time. Unhappily for all concerned, a restless disposition which will not be controlled is a peculiar characteristic of this class of patients, which leads us to refer to the common difficulty experienced in dissuading these patients from shifting from one locality to another, even when reason and facts are on the side of stability, made discontented by the advice of officious acquaintances, a desire to test the comparative virtues of more southern resorts is well nigh a foregone conclusion. For the benefit of kindred wayward spirits, I would here state that thus far, without a single exception, this transfer of location has ended in disappointment and mischievous results.

The following excerpta from typical communications may serve to point a moral:

A letter from Florida reads:

"I made a big mistake in not taking your advice to stay in Washington. Since leaving there, ten days ago, I have lost eight of the thirteen pounds I gained there in three weeks. Before leaving I had regained my voice and my cough was much decreased; now I can not speak aloud and I cough a great deal. The journey here was very slow and uncomfortable, sometimes the cars were bitterly cold and again so overheated that the windows were opened. We suffer more from cold here than in the North, the houses being badly constructed. Good milk is not to be had at any price; the poor stuff they furnish is ten cents a small glass extra. The water is miserable, although it can be found anywhere by digging down a foot or two. I have met no one yet here whose lung trouble has been improved by the coming. On the contrary, they seem to grow worse."

A physician writes:

"After visiting the principal places in this section, I am convinced it is a grave mistake to send to Florida patients suffering from lung trouble. Everywhere one meets discontented, unhappy sufferers who have found nothing as they expected. It is no poor man's country and many such are obliged to anticipate their return home, arriving in a cold climate at a most unfavorable season. It is a great pity that a more correct view of the real state of affairs here does not obtain at the North. Two spring months are delightful, but the winters are raw and bleak. The humidity is great owing to swamps and bounding ocean, and water prevailing everywhere within a foot or two of surface, which is loose sand and apparently dry. It is impossible that such an atmosphere should be favorable to catarrhal affections, and the bulk of patients I have met would have been better off at home."

It would not be difficult to compile a good sized volume of letters such as these, but they are not the kind sought for publication. The stereotyped form of circular setting forth in glowing terms the wonderful advantages of a given health resort is familiar to every one, and unfortunately it is about the only idea an inexperienced invalid obtains of the matter.

While the conditions here are peculiarly happy to form a winter haven to those afflicted with lung troubles, it must not be assumed that the beneficial influences of the place are limited to this class of patients. The victims of that hydræ of nerve disease, neurasthenia, will find here health advantages unrivaled in adaptability to their peculiar needs. While it goes without saying that in the removal of these patients from under the exciting or causative conditions, consists the prime requisite in treatment, sound reason and practical observation reprehend the common mistake of banishment to an environment of dull monotony, where in the absence of all social or moral diversion each complaining sense becomes doubly on the alert to every passing shade of annoyance, where unbroken stillness and unillumined darkness intensify the misery of the long, sleepless nights, and where, through lack of interest, out-door exercise becomes wearisome and profitless. It seems hardly necessary to point out the desirability of wise discrimination between that which in the nature of things would be likely to prove highly satisfactory in the case of overwrought yet well balanced nervous organizations, and that which is well suited to the morbidly fanciful patient with unhinged nervous system. Were we required to describe an ideal combination of conditions conducive to the best therapeutic influences for neurasthenic cases, we could hardly do better than design a city of attractive homes, free from the turmoil of large manufactories, traversed with clean, wide streets and broader avenues, each set with shade trees; in the near distance, framed in clear relief, monumental statues distinguishing the principal intersections; numerous public parks filled with every species of tree and shrub, profusion of flowers, well kept lawns, playing fountains, national museums containing rare specimens of every description, libraries, national buildings magnificent in architectural design and proportion occupying the different principal sites replete in associate interest, each one an epitome of national history; in a word, Washington, where all these and much more abound, an inexhaustible resource of diversified attractions, conducive alike to physical and mental recreation.

We have next to consider the question of drinking water. Allusion has already been made to the prevalent idea that Washington is but indifferently supplied with good drinking water. This prejudicial report probably originated in the fact that the Potomac river—the chief source of supply—is more or less discolored, as are all rivers running over clayey soil, but at its worst it can never equal in this respect the larger rivers in the West, a condition, strange to say, commonly regarded by the inhabitants as peculiarly beneficial to the system of the consumer. At all events, the Potomac has not the facilities for receiving sewage which certain notable rivers in more populous districts possess. Fortunately, however, we can afford to dispense

with the use of Potomac water for drinking purposes, so that the question of its purity need not be made a point of controversy, as an abundant supply of exceedingly pure spring water is readily obtainable by all who appreciate the vital importance of pure, fresh drinking water. The source of this supply is known as the "Takoma Springs," a beautiful flow gushing from the side of a small hill of white gravel, in the midst of "Takoma Park," a suburb but five miles from the Capital. According to repeated careful analyses by several reputable chemists this water is exceedingly pure, absolutely free from all organic matter and from solids, in this respect surpassing all other recorded analyses of justly celebrated springs. In short, every practical test entitles it to the full and grateful confidence of the public and medical profession.

To describe the hygienic effects which often follow the habitual use of water from a given spring of so-called pure water can hardly be accepted as a just or correct manner of treating the question, for it is repeatedly demonstrated in the relation that curative results obtain in connection with obdurate, long-standing cases in which the inefficiency of distilled water has been thoroughly proven, while the subsequent use of some one of the so-called pure, living waters has been rewarded by decided remedial results. Take, for instance, a case of uremic poisoning in the treatment of which you and I were both interested last winter. For ten days the uremic symptoms steadily developed, despite the exhibition of indicated remedies and the use of distilled, Buffalo lithia and Clysmic waters, until the uncontrollable spasmodic jerkings of the muscles throughout the body were extremely painful and violent, resembling nothing so much as the effect of a powerful shock from a faradic battery. The stomach resisted everything ingested, retaining not even a swallow of hot water. When convulsions seemed momentarily imminent a demijohn of Poland water arrived, and although more than a quart of this was swallowed within the first hour, the stomach retained it gratefully, the kidneys responded promptly, excreting freely large quantities of uric acid crystals with other renal detritus and the uremic symptoms rapidly subsided, so that within two or three days the overpowering drowsiness, muscular spasms, etc., had in a great measure disappeared.

We could recite many instances quite as striking as the foregoing in evidence of the probable existence in pure spring water of curative ingredients beyond the measuring powers of microscope or chemistry.

Moreover, in view of the many familiar facts in nature exhibiting the potent action of subtle elements (*e. g.*, the noxious miasm pervading the atmosphere of malarial districts or the deadly germs that infest sick rooms), it would seem highly inconsistent to dispute the alleged therapeutic virtues of a given spring on the score of apparent neutral composition as determined solely by commonplace analysis. While the history of Takoma Spring is of comparatively recent date, it nevertheless records among its happy effects quite a number of remarkable curative results in well-authenticated cases of severe renal affections.

In these statements regarding Washington and its sanitary conditions I have studiously kept within the bounds of moderation and fact, carefully guarding against the enthusiasm natural to one realizing the fact that to the beneficent influences of the above-mentioned local conditions he owes a degree of health impossible to obtain elsewhere.

S. J. DONALDSON, M. D.

Washington, D. C., January, 1893.

The Medical Society of the State of New York, will hold its annual meeting in Albany, February 7th, 8th and 9th, next.

OUR ASHEVILLE, N. C., LETTER.

"Asheville, N. C., and Its Advantages as a Climatic Resort for Phthisical Patients," is the title of an article by Prof. J. W. Gleitsmann, of New York, published in the December number of the *New York Medicinische Monatsschrift*. The writer, considering the essentials of climate for the cure of phthisis, shows that elevation, temperature and humidity are the main factors, and that an elevated resort lying between 2,000 and 4,000 feet above sea level, with a moderate winter and cool summer temperature and a relatively dry atmosphere, is most desirable.

Asheville, N. C., where he has resided for a number of years heretofore, presents such climatic conditions, being there favorable for the entire year. It has an elevation of 2,350 feet, is situated in the Alleghany Mountains at their highest point, between the Blue Ridge and the Great Smokies. The whole plateau has excellent drainage, with no marshes or standing water, enjoying entire freedom from malaria. The city itself has been greatly improved in its local sanitary appointments. It has paved streets, good accommodations for tourists and invalids, and there also is located the Winyah Sanitarium, a special institution for diseases of the lungs and throat, in charge of Dr. Karl von Ruck, who is otherwise well-known to the profession by his clinical results in phthisis and his contributions to medical literature on this subject.

The climate in winter, while not warm, is not so cold as to interfere with the out-door life of patients, and in protected places, during the hours of sunshine, the temperature reaches frequently 70° to 80° F.

The average mean temperature for the winter months is 49° F. In the summer the place is cool, and compares favorably with any other resort in this country. The highest degree of temperature observed by the writer was 88° F. During the same year 90° F. were exceeded at forty-seven places in Canada; fifty times at Denver, Col., reaching there 102° F., and thirty-nine times at Colorado Springs, where a maximum of 101° was observed.

Higher temperatures were also observed at Sandy Hook, New York, etc., and at St. Paul twenty-five times, with a maximum of 99° F. Asheville's average mean summer temperature is, according to Dr. von Ruck, 65° F.

The Asheville plateau, according to the meteorological data given, has an annual precipitation of about forty inches, and the relative humidity is 60° in winter and 70° in the summer, while the absolute humidity is less than at any other point east of the Rocky Mountains, showing the place to have the third requisite, "a dry climate."

Another feature of the Asheville climate is the presence of considerable quantities of ozone in the air; this, in view of the increasing popularity of oxygen as a remedial agent is particularly interesting. Measurements for the last three years by Dr. von Ruck show an average ranging from fifty to seventy-five per cent. of the possible amount, whereas only five per cent. was found to be present in his observations formerly made in Ohio.

The article concludes with a short consideration of the advantages of institution treatment as compared with sojourn at climatic resorts without the strict care and management which a good institution affords, the author holding that the latter are indispensable to the best results. He says: "It is not a single agent, not even climate, which constitutes a panacea for phthisis, but it is the careful and continued application of a variety of means adapted to the present needs of the individual patient which promises most. Patients do not, as a rule, know what will benefit or injure them. They need constant care and supervision. The diet must be adapted to their present state of digestion; many when already on the way to recovery suffer relapses on account of physical over-exertion. Climate alone protects not against faulty conduct or indiscretions committed, whether the result of ignorance or of want of

self-control. Such a detailed oversight which must be extended into the minutest details is only possible by the physician who has the patient continuously with him, in other words, in a special institution."

A year ago the author spent several weeks in the institution of Dr. von Ruck, and shows by his description of its location, appointments and management that it complies with every essential requirement and quotes from the *Climatologist* for September, 1891, the clinical results obtained there. Of 605 cases treated, subsequent information as to their conditions was received from 457. Among these were cured 67; with the disease permanently arrested and enjoying good health 70; materially improved 258, and grown worse 62. Results which, indeed, speak more strongly than any argument in favor of institution management as well as in favor of the advantages of Asheville's climate.

LONDON LETTER.

Another year is just about finished, and as a witness of many vicissitudes in almost every business and profession, it has probably been unparalleled. In mercantile pursuits, profits have been cut into, and in some instances nearly entirely wiped off; and all this has more or less effect upon the medical profession, the members of which, as a general rule, are obliged to seek their livelihood amongst all sorts and conditions of men. One noticeable improvement, especially in the dwellings of the middle and lower classes, is the greater attention to cleanliness, both of person and surroundings, and this circumstance is a great help to the ordinary family practitioner.

Occasional cases of the old enemy, influenza, have already made their appearance in different parts of this realm, and, as these gain publicity, the general public seem to take greater precautions to keep it at arm's length, so that the family doctors are having as much work to do as they can conveniently attend to. This is more satisfactory to all concerned, as in this somewhat unknown malady ("*so* near, and yet so far"!) it is essential that the symptoms be attended to without loss of time. It is a pity that the vast amount of time which has been spent in trying to throw light on the precise nature of the disease has led to nothing of a practical nature, and this is notably apparent in the forms of treatment prescribed, so opposite are they in their nature.

Researches have been going on for some time at the Royal College of Physicians, in regard to the presence of parasitic protozoa in cancerous tumors, such presence having been clearly established in the minds of those who have given a great deal of their time to this important subject, which seems to be alarmingly increasing; and as quacks have long considered patients suffering from cancer their especial prey, it is gratifying that an eminent and reputable body of physicians should have taken it under their care, and when the several sections of the studies have been completed much valuable information will be distributed among physicians. At the present time, it has become evident that the parasites first appear in the nucleus of the cancer cells as dark, spherical bodies, and, in number, there may be only two or three, while, at times, there have been as many as twenty. Shortly after this appearance these spores are transparent and form a nucleus, and after a little while a surrounding capsule. Then each parasite makes its way to the border of the nucleus and emerges into the general cell protoplasm. Should many parasites be present, the nucleus usually bursts and scatters its contents.

Time will be required before any of the observations can be regarded as entirely trustworthy, but in the meantime reports from Germany and elsewhere seem to prove that they are tolerably correct and to be relied upon.

The society which has for its object the prevention of vivisection, has for some little time been actively at work, and have successfully prosecuted several doctors who thought to further the interests of their profession by secretly experimenting in a manner which is against the law. It is a pity that men who seek to enlighten their fellow-creatures, without causing pain to the dumb creation, should be harshly dealt with, and a vigorous effort will shortly be made to remove the obstacles as they at present exist, in preventing humane experiments from being made. The department of physiology owes many of its most important discoveries to vivisection, and in particular the circulation of the blood. No one can blame members of the medical profession for cruel practices, and, therefore, it would not be doing too much to allow the matter to remain at their option.

C.

December 15, 1892.

AN OLD DOCTOR'S ADVICE TO A YOUNG LADY FRIEND.

Some things are foolish and false in the world,
And some are worthy and true;
Some ships sail the seas with false colors unfurled,
And some have an honest crew.

Please hear and forgive your solicitous friend,
Who proffers advice unsought;
To keep you from harm is his sole aim and end,
By wit with experience bought.

Then carefully read when this meets your eye,
Of these forever beware:—
Of the man who his mustache and whiskers doth dye,
And the woman who "blondines" her hair.

Rosewood and mahogany need no veneer,
Curled maple and cherry no graining;
If worthy the stuff, it is prone to appear
What it is, without stucco or staining.

Seems Nature to fail in constructing her child,
Do eyes, hair and skin fail to blend?
The changes of men are bungling and wild,
For they know not her secrets and trend.

Then carefully read when this meets your eye,
Of these forever beware:—
Of the man who his mustache and whiskers doth dye,
And the woman who "blondines" her hair.

W. F. M.

MORE ABOUT THAT DEPILATORY.

To the Editors of the New York Medical Times:

I was interested in the extract from the *Medical Record* in your December issue regarding the orpiment (2 gr.) and powdered air-slaked lime (1 dr.) prescription for removing superfluous hair. As far as my experience goes, that combination will not cut off hair, and the trouble will be that the strength has gone out of lime; hence quicklime should be used. Then, too, the proportion of orpiment may safely be increased to 3 or even 4 grains. This is absolutely painless and safe if scraped off in half an hour. But do not do as I did in one case—mix the two with sapo viridis, in the hope of making it more binding, for you will make a sore face in five minutes. This compound is practically the Turkish Rusma, or Oriental Rusma, spoken of by travelers, being a favorite "psilosthron" of the Turkish harems. The torturous electricity, so much lauded by dermatological specialists, and some who are not specialists, would have nothing to do in this stubblefield did physicians better understand the use of this powder. It can be dispensed to a lady with confidence, and she can

apply it in the privacy of her own chamber to emerge clean-shaved in half an hour, something it would take electricity a year to accomplish in some cases I have seen, to say nothing of the comparative expense of the two processes. W. B. CLARKE, M. D.

Indianapolis, Ind., Jan. 13, 1893.

OBITUARY.

DR. HENRY F. ATEN, for more than twenty-five years a leading physician of Brooklyn, N. Y., residing at 34 Hanson Place, passed from the field of his earthly labors to his higher life January 6th, at the age of sixty-five years. Dr. Aten graduated at the Western Reserve College in 1854 and completed his medical course, preparatory to entering the profession, which he did so much to adorn, at Cleveland, Ohio. Of fine presence, of studious and cultured mind, of more than ordinary skill, unswerving in zeal and fidelity to patients and friends, Dr. Aten has left behind him only the pleasant memories which follow the skilled physician and the cultured Christian gentleman.

TRANSLATIONS, GLEANINGS, ETC.

Schools of Medicine (from the *Doctor of Hygiene*).—There appeared in some public print a short time ago a statement to the effect that skilled watchmakers differed little or not at all, in their methods of putting in good working order watches or clocks that had departed from a normal condition. This was because watchmaking and watch-repairing were scientifically done. The fact that medicine, as a means of repairing the human machine, was not an exact science, was credited with being the cause of the different so-called schools of medicine.

There are known to the civilized world to-day three principal schools, viz., the Regular, the Homœopathic and the Eclectic; and after these come three or four very little known, and called the Physio-Medical, the Vitapathic, the Botanic, etc. The combined power of all these schools in the matter of life and death of the human organism does not equal that of the watchmaker in the machinery that he deals with. When the main-spring of the human mechanism—the heart—irreparably breaks down, that is the end; the doctor, of whatever school, walks out, and the undertaker walks in. But when the main-spring of the watch breaks down, the watch-doctor merely pulls it out and puts in a new one. In other cases, with the watchmaker, it is a nice readjustment of parts, possibly a new wheel or two, a little oil and cleaning up all around.

No physician cures disease, and no true physician claims to cure it. He aids that which for want of a better term we call Nature in her efforts to restore equilibrium among the forces of the human body. These forces are so mysterious and so complex; they allow, or appear to allow, so much freedom to the imagination that men are constantly studying and experimenting, and, as often as not, are mixing up theory or mysticism with so-called scientific efforts. Science means simply *to know*, and all that is not absolutely known is not scientific. When we leave the exact sciences, mathematics, geometery, etc., we no longer say that "we know" further than actual experiment and demonstration will bear us out. We say that water is composed of two gases—oxygen and hydrogen—and in certain proportions chemically, not mechanically combined. We state this as a fact because we can separate water into oxygen and hydrogen, and demonstrate that they are such; and we can recombine these so that they will form water again. This union of oxygen and hydrogen to form water we call a scientific fact. We know it absolutely, just as absolutely as we know that two and two make four. When we have demonstrated that light must travel from one point to another, we believe that there must be a medium for it to travel in, and we imagine an "ether" for it to travel in. But we do not *know* this "ether," and we do not term it a scientifically demonstrated fact. It is only a theory that fits the condition better than any other we can imagine.

And now we propose to let the doctors speak for themselves. We begin with Homœopathy because its theories and teachings are less commonly understood than those of the regular school. Of the large number of people who to-day consult homœopathic physicians when they are ill it is likely that very few could give a reasonably clear definition of what Homœopathy is, or why they prefer it to any other school, beyond a general idea that they are given small doses of medicine that are not especially disagreeable to take.

First, Dr. Egbert Guernsey, of New York, speaks as follows for Homœopathy:

Precisely how remedies act upon the complicated structure of the human system it is difficult to determine; but we can not escape the conclusion that the action is in many cases neither chemical nor mechanical, as we understand these forces, but through some vital force of the remedy itself acting on the vital power of the human organism, that power back of bone and muscle, and artery, and vein and nerve cell—the creating, propelling power of life. Vitalism, then, is the great fact out of which is evolved that law upon which the homœopath claims is based the science of the therapeutics.

The disturbance of the harmonious action of life creates disease in the animal organism which, either local or general, may so far impair the vital force as to materially weaken its power, causing death. The curative action exists in the vital principle alone, and thus power is obtained to enable it to exert its just force by removing every mechanical obstruction and every depressing influence on mind or body through cold or heat, impure air or indigestible food, and by agents which have a specific action upon the vital force as it affects local or general conditions. The vital force has been impaired in certain localities and ceases to exert its full power, becoming less and less as the obstruction becomes more and more permanent. Change in cell structure may take place, excretion and secretion may be disturbed and the condition of the blood materially changed.

If, now, we can find some active agent capable of reproducing all the changes which have taken place by the advancing depression of the vital force at the given locality, traveling over the same road, and exerting at each step a similar influence, we at length overmaster the disease with our drug action, placing its stronger power in antagonism with the vital obstruction. The vital power is stimulated into increased action under the influence of the drug, and regains its full power. If we are asked how this antagonism with disease arises from drug action, or how the vital force is so stimulated as to break down obstruction and restore blood cell and nerve filament to full activity, we can not answer.

Bartholow, Lauder Brunton and other modern therapeutists, while they admit the principle and pursue the same line of investigation with like conclusions and results as are obtained by those who recognize the law as formulated by Hahnemann, claim that it is not homœopathic, but the antagonism of drugs to disease.

The general concensus of opinion of all schools, especially among the advanced therapeutists, is, I think, that the action of remedial agents is best studied upon the healthy human organism, and the clue to their remedial action most marked and most reliable when seen through the light of toxicological changes. I believe, too, that the most advanced thinkers in all schools at the present time are agreed in the administration of remedies, prepared

with special regard to their full and specific medicinal power in doses frequently repeated, and only of such strength as to keep up a steady but gentle action, rather than in those larger doses in which full drug action is obtained. Of course from this ruling are excepted the occasional use of hypnotics, narcotics and anasthetics where mere palliative or full drug action may be required.

Within the past few years the preparation of remedies in the form of tablet triturates has been exceedingly popular in all schools. These remedies, which are simply a change from our old homœopathic triturations in powder to the tablet form, are prepared precisely alike and the majority of them of the same medicinal strength and from the same drugs by old and new school pharmacists. The lists of Fraser & Co., Boericke & Tafel and Luyties being almost exact counterparts of each other. Millions of these tablet triturates are manufactured daily, and find their way into almost every physician's office, showing at least that the scientific study of remedial agents and their therapeutic action is more and more upon the plane marked out by Hahnemann, freed from the extravagances and some of the theories of his later days, and those of some of his followers, which were very far from being the legitimate outgrowth of the great principle of his philosophy.

The philosophy of Hahnemann embraced infinitely more than the law of *Similia*. That was only one factor, a very important one, it is true, in the new departure. The great central idea was that there was one all pervading, all powerful and all creating principle of life, and that it was this principle which gave the primary action and power to every blood and nerve cell in the body. Obstruction of this force led to physical derangement which could only be relieved when the vital current was permitted to have its full play. Hence, Hahnemann insisted upon a removal of every clog that could in any measure fetter or impair the vital force; the windows and doors were to be thrown open for the free admission of pure air; the body was to be bathed in pure water, and the thirst permitted to be quenched by a liberal supply of what was then considered a forbidden fluid in the sick-room. Alcoholic stimulants were only permitted on certain conditions, and those conditions were studied with the utmost care. Food was also adapted to the condition of the patient, and was given at such times and was of such character as to supply the waste with as little irritation as possible. Chemical and mechanical agents were used if necessary to meet certain conditions, and pave the way, if more was required, for the remedial action of those agents which were intended to stimulate and strengthen obstructed vital force, in the selection and administration of which the law of *Similia* was an all-important guide.

As an outgrowth of this care of nature came the trained nurse, a changed hygiene, an improved sanitary condition, all evolved from a minute and intelligent study of the laws of life. In this connection it may not be uninteresting to note that the first training school for nurses in this State was started for a Homœopathic Maternity, and the first training school in any insane asylum in the United States in the Homœopathic Hospital for the Insane at Middletown.

Such, as I understand, is and has been the philosophy of the New School. Briefly summarized, it believes that no vital phenomenon can be explained on purely physical and chemical principles, but that any such action is conditioned by an unknown force, higher in its nature and distinct in kind as compared with all other forces. The disturbance of this force from any cause produces disease, only relieved by restoration of that vital force to its normal functions in the harmonious blending of the laws of life; in diet, in exercise, in food, in cleanliness, in pure air, in never overtasking any of the functions of the system, and where drug action is required it shall be of the kind and strength best adapted to restore that force to its normal condition. Palliatives, the mechanical removal of obstructions, chemical agents for immediate relief are not to be neglected, but remedial agents specially intended to aid the vital force in its work of cure are best studied and applied through the principle of *Similia*. Most important also is a careful study of germ life, with the source of development, and the poisonous results of the ptomaines, the outgrowth of that life.

Homœopathy claims that the law of Similars is only one, but a most important and leading factor in the treatment and study of diseases but that any well authenticated fact bearing upon a case, and any appliance of science should be utilized in the relief and the prevention of suffering.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills.

Phosphorus in Deafness.—For difficult hearing which so frequently accompanies age, provided no nerve trouble exists, Dr. Sabolins uses a saturated solution of phosphorus in olive oil, painting upon the auditory canal and the tympanum with a camel's hair brush. Of a total of sixty-nine cases, sixty-two had their hearing improved. Under this treatment the tympanic membrane becomes softer and more elastic and vascular.

Egg Albumen for Erosions of the Nipple.—Dr. Frank Van Allen, in the *N. Y. Med. Journal*, recommends the use of the white of egg in the treatment of sore nipples. The albumen should be painted over the nipple after each nursing; it forms a soothing protective which, when dry, forms a delicate film beneath which the parts heal within forty-eight hours.

Magnesium Silicate in Chronic Diarrhœa.—Good results are reported from the administration of silicate of magnesium in the treatment of chronic diarrhœa. The silicate of magnesium is known under the name of talc. purif., or steatite; it is insoluble, inert, and has not heretofore been credited with any medicinal properties whatever. It promotes the healing of intestinal ulcerations, but seems only to be efficacious by its presence in large quantities. This remedy should be administered in doses of half an ounce to an ounce and a half daily, suspended in a quart of milk.

Glycerine in Dyspepsia.—Dr. J. A. Pollard claims that glycerine, in drachm doses, will be found most valuable in preventing stomach trouble in convalescence from debilitating diseases; that it will often cut short an attack of indigestion, and that it will prevent and cure a large proportion of cases of summer diarrhœa of children. It will also, to a great extent, control the vomiting of pregnancy.

Potassium Permanganate in Phosphorus Poisoning.—Dr. Bokai (*Bull. Méd.*) has found a solution of potassium permanganate, two to five grams in 1,000 grams of water, to act as a chemical antidote. The oxygen of this compound is liberated and unites with the phosphorus to form ortho-phosphoric acid, which is inoffensive. Experiments on dogs have demonstrated the efficacy of this treatment.

The Japanese "Hot-Box" as a Pain-Killer.—Dr. Chisolm, writing in the *Annals of Ophthalmology and Otology*, says, that two years ago, when visited by a medical friend from Japan, his attention was called to a small flat "Hot-Box" which was said to be in universal use in that country as a pain-killer. The box was a little smaller than the hand in length, breadth and thickness. It was slightly curved in shape as is the hand when it begins to close, so that the concavity can apply well to the rotund parts of the body. The box was made of very thin sheet copper or tin, perforated with a few small holes to allow of the admission of air. Over the top was a sliding lid fitting accurately into the groove. The metal box was

covered with colored muslin. The heating power was a cartridge, resembling a large Chinese shooting cracker. It was made of powdered charcoal firing, wrapped in paper. It was about four inches long, as large in circumference as the index finger, and would burn under slow combustion for nearly three hours. One of these charcoal packages, when lighted and closed up in the box, will burn slowly and keep up a temperature of about 120° F. Hot cloths are so soothing in the relief of eye pains that Dr. Chisolm determined to experiment with this hot-box from Japan, and he says that it is now one of his most trusted agents for the relief of pain in many eye diseases, such as iritis, scleritis, corneal ulcers and glaucoma. His method of application is as follows: After the fuse has been lighted and the box has become warm, it is enveloped in the folds of a handkerchief and secured to the head by the ends of the handkerchief. A little loose cotton applied over the closed eye fills up the socket and allows the heat to be transmitted directly to the painful organ. The handkerchief protects the face from the edges of the hot-box. Once applied, it needs no renewal of the source of heat for two or three hours.

Iodine Paint in Severe Vomiting of Pregnancy.—Dr. Armand Routh (*Br. Med. J.*) read a paper on this subject before the Harvein Society of London, April 16, 1891. The various modes of treatment were reviewed, and it was shown by several cases that painting the cervix and the end of its canal with iodine paint (equal parts of iodine, iodide of potassium, spirits of wine and water) had, in the author's hands, never once failed in the last seven years at once to stop the sickness, which might, however, begin to return from the fifth to the fifteenth day, when it was almost certainly permanently arrested by a second application. A prompt use of this remedy in cases threatening to become urgent would prevent the occurrence of the so-called uncontrollable or pernicious vomiting, which differs only in degree and not in kind, from the milder forms. Induction of abortion would still be required when the vomiting was due to the presence *in utero* of a foreign body, such as a dead fetus, or a hydatid or fleshy mole, but might otherwise, by this proposed remedy, be avoided.

The Modern Treatment of Syphilis.—Mr. Jonathan Hutchinson (*Practitioner*) thinks that, for the last quarter of a century, mercury has been steadily gaining the confidence of the profession as the one real remedy for syphilis. It should, of course, be given in the way least likely to disarrange the system, and, therefore, large dosage should be avoided. The abortive method is the favorite. In nine cases out of ten absolute suppression of the secondary stage is possible. This drug, if it is not a positive antidote, certainly exercises a restraining influence on the syphilitic virus. For ordinary cases he employs a pill containing one grain of hydrargyrum cum creta with sufficient opium to prevent diarrhœa or griping. This is given from three times a day up to one every two or three hours, according to the effect, the diet being carefully regulated. The patients who have an idiosyncrasy against this drug demand considerable ingenuity, on the part of their physician, in the selection of one of the various methods of administration. The iodides are very useful in gummata and in affections of the nervous system. The writer gives the three iodides of ammonium, potassium and sodium together, combined with a small quantity of free ammonia, which he thinks should never be omitted.

Cases that have been free from symptoms for a long time, or without secondary symptoms, are not necessarily short-lived or subject to a recurrence of their trouble or the development or tertiary lesions. The writer mentions locomotor ataxia and general paralysis of the insane as allied disorders of this disease, but does not go any deeper into this branch of the subject. For inherited syphilis, inunctions are the most effective. A solution of bichloride, in small doses, is well borne by the infant patient, and is usually very effectual. It is not so apt to purge as the gray powder.

What a General Practitioner Can Do with Electricity.—Wm. F. Hutchinson, M. D., of Providence, R. I., Vice-President of the American Electro-Therapeutic Association, read a paper upon the subject of "What a General Practitioner Can Do with Electricity" before that association in September last, and advises the doctor not to buy the "prettily finished boxes whose contents are hermetically sealed, which must be returned to the manufacturer when repairs or recharging is needed." He says that the Grenet cells are the best for portable use. In the office practice he recommends the Edison cell marked C in his catalogue. A good Dubois Raymond coil, with two Grenet cells in a box, is advised for a faradic battery. With these batteries the doctor will be enabled to treat all "functional derangements of special sense, and such forms of their paralysis as depend upon eccentric causes, facial paralysis, aphonia from cold or sudden fright, tobacco amaurosis, tonic spasm of ocular muscles, hysterical deafness and the like" by faradism. Where dyspepsia is dependent upon atony of the nerves of the stomach, faradism will also be an efficient aid, directing the current from the cerebro-spinal axis to the epigastrium, with large flat sponge electrodes, for five or six minutes daily, the patient being in a recumbent position. In sexual neurasthenia (the hysterical condition of the genito-urinary tract which, in the presence of women, suspends sexual powers and ends in the patient's conviction that he is impotent) it is best to use the faradic and galvanic batteries alternately, making the faradic current of a sufficient strength to cause pain. Peripheral neuralgias from eccentric causes, or those that are confined to nerve trunks, call for galvanism from center to surface, and eight or ten milliampères in strength. In cervico-brachial neuralgia the anode should be applied as near as possible to the origin of the nerve affected, and the cathode placed in the hand of the same side, which should be put into a basin of warm salt water and another electrode, grounded or in connection with a gas-pipe. Of course the patient and battery should be insulated properly, and the free cathodal electricity is carried away by the grounded wire, leaving the arm charged with anodal electricity.

In herpes zoster, or the neuroses accompanying it, galvanism has caused the entire trouble to disappear in thirty-six hours. Walling's foil bandage is used here (tin foil folded around a roller of cotton its whole length) to bandage the chest in the usual way, and the cathode is connected with it. The anode (a broad plate) is applied to an indifferent point. The current should be gradually run up to about twenty milliampères (causing a sharp burning sensation) and continued from thirty to forty minutes.

Muscular rheumatism calls for faradism. The skin must be thoroughly dried and powdered, and a warmed and polished metal globe used labile over the diseased portion—confining the current to the skin by using swift, light passes in long sweeps. "In this way a current may be made painless, that is, sharp enough to pierce the skin with crackling snaps and a shower of fine sparks." Should there be a contraction of a subcutaneous muscle during the treatment, the application ought to be discontinued, as the treatment is lost, and, after an interval, a second application made.

The neuralgic pains of dysmenorrhœa, which are, in a certain per cent. of cases, dependent upon a stenosed canal, will be relieved by passing a No. 20 olive-tipped bougie (cathode) and a ten milliampère current will speedily dilate the canal and give the desired relief to the patient.

In the suspended animation of newly-born infants, faradism should be applied by means of a warm bath—one electrode put in the water and the other applied to the skin above the surface of the water.

Strontium for Tapeworm.—At a recent meeting of the Académie de Médecine, M. Laborde called attention to a

new therapeutic application of strontium. While experimenting upon dogs with this agent, he observed that they got rid of their tapeworms, and since then had used the remedy successfully in the case of human beings. He recommends the following prescription:

℞. Strontii lactici..... 20,0
Aq. destill..... 120,0
Glycerine..... 25,0

D. S.: Two tablespoonfuls daily.

Five days' treatment is certain to expel the tapeworm.

Cold as a Remedy for Palpitation.—Dr. Gingeot (*Rev. Gén. De Chir. Et De Thérap.*) recommends as a valuable remedy for palpitation the application of cold to the precordial region. Attention must be paid to the method of applying cold. The simplest plan is to apply a wet sponge over the heart in the morning before dressing. At night, when in bed, the patient or an assistant may put a cold compress over the heart, well covered with dry bandages, to retain moisture and prevent wetting of the clothing. When the compress is warm, the patient will remove it and probably fall asleep. The ether spray is a simple and convenient method of refrigeration. With proper instruction in the use of ether, the patient can apply cold in this way any hour of the day or night. Palpitation of purely nervous origin seldom fails to be greatly benefited by the application of cold, and a certain success often follows its use in cases of palpitation due to organic diseases. Equalizing the heart's action will often prevent an increase of its size. It is also useful in aneurism and passive dilatation.

Combined Use of Iodine and Electricity.—Hunter McGuire (*Va. Med. Monthly*) has met with several cases which tend to show that the combination of these well-known absorptive agents acts more efficiently than either one alone.

1. *Goitre.*—In a case of old, large, hard, bilateral thyroid enlargement with marked dyspnea, which has resisted all ordinary treatment, the following procedure was successfully employed: A cup-shaped electrode was filled with cotton; this had been dipped in water and squeezed as dry as possible; ten or fifteen drops of the tincture of iodine were poured on the cotton. The electrode was applied to the most prominent part of the tumor, the negative pole being placed on the back of the neck, and the galvanic current turned on until the milliampere-meter registered six to eight. The current was kept up for ten minutes, and, when removed, it was found that most of the iodine had disappeared from the cotton. During and after administration there was usually a marked taste of iodine in the mouth, this being the most disagreeable feature of the treatment. This was repeated every day for three weeks, the tumor decreasing very rapidly in size at first, but slowly afterward, and becoming more indurated as it contracted. After a month's absence the same treatment was renewed. The tumor was reduced to one-fifth of its original size, after which it remained persistently stationary. The general health was much improved, however, and all subjective symptoms disappeared. Two other cases of chronic goitre, treated in the same way, had given similar results. In four cases of recent enlargement of the thyroid in young women, the growth rapidly disappeared under this treatment. In a recent case of exophthalmic goitre, iodine combined with the galvanic current induced rapid diminution of the thyroid tumor, which was accompanied by a decided amelioration of the tendency to syncope and the pulsation of the arteries. The ocular protrusion, however, remained stationary.

2. *Chronic Inflammatory Enlargements.*—In several such cases, notably one of chronic orchitis, this measure was used with positive benefit.

3. *Uterine Fibroids.*—The writer expresses his belief in the treatment as suggested by Apostoli. When the tumor can be reached through the vagina, the combined iodine and galvanic treatment, with a current of ten milliamperes only, has done good and that without pain. The bleeding has ceased and the pain has disappeared.

The author proposes to apply the same principle to tonsillar hypertrophy and has had an electrode constructed for the purpose; he suggests that other medicated fluids may be applied in the same way.

Terraline in Pulmonary Diseases.—Terraline or refined petroleum, says H. E. Woodbury, M. D., of Washington, D. C., merits the consideration of the profession as one of our best remedies for pulmonary diseases. I have recommended it with satisfactory results, as it is not apt to derange the stomach and has not the disagreeable taste of cod-liver oil. The dose is small and this renders the medicine inexpensive. As this remedy becomes better known, I feel sure that it will be more highly appreciated, and fill a desideratum in medicine that has long existed.

TREATMENT OF PERSISTENT HICCOUGH.*

Digital Compression of the Phrenic Nerve in Obstinate Hiccough.—Dr. Leloir (*La Sémaine Medicale*, No. 2, 1892), of Paris, was consulted with regard to a five year old child who for a year had suffered from an obstinate hiccough. It appeared every half minute and prevented sleep and eating. The father had consulted a number of physicians and the child had received any quantity of antispasmodics but without success. The writer hit upon the idea of compressing the phrenic nerve, between the two insertions of the sterno-mastoid. Compression though somewhat painful and lasting for three minutes, was successful. The hiccough disappeared and not to reappear. This was five years ago and since then he has employed it in a large number of individuals, some of whom, like this child, were suffering from an obstinate form of the disease but he has always had good results. In some cases it was necessary to continue the compression several seconds. The method furnishes, the writer thinks, a practical application of Brown-Séquard's interesting researches upon inhabitation.

Physostigmine in Persistent Hiccough.—Dr. Schallenberger (*Norsk Magazin for Laegeirdenskaben*, No. 10, 1892), cites Dr. Smart, of Edinburgh, with regard to chronic alcoholism as a cause of hiccough and that it may become so persistent as to interfere with sleep and finally, with nutrition. In these cases Dr. Smart has found all remedies inefficient, except large and toxic doses of morphine. The writer has employed physostigmine successfully in such cases. He gives four to eight drops of a good fluid extract, every three to two hours, until signs of toxic symptoms set in. He claims to have a number of cases where the hiccough ceased in two or three days. A hysteric hiccough, of several months' duration rapidly disappeared under this treatment.

Washing out the Stomach in Obstinate Hiccough.—Dr. E. Brown (*La Semaine Medicale*, No. 2, 1892) had a case where a number of sedatives and narcotics had been given, without success, and where a single washing out of the stomach removed a quantity of fragments of food and brought relief.

Jaborandi and Pilocarpine in Hiccough.—Dr. Le Nobel (*Norsk Magazin for Laegeirdenskaben* No. 12, 1892), records the case of a soldier, 21 years of age, who, after an attack of influenza was seized with a hiccough that had lasted for two days and was of unusual intensity. An infusion of the leaves of jaborandi (5:200 gms.) was ordered, and of this a spoonful to be given. One spoonful produced a profuse sweat and flow of saliva, so that the entire bed was wet through. The hiccough ceased.

Ortille (*Bull. de Therap. Med. and. Chirur.*, 1879) described a case where the hiccough had persisted for seven months, and that was cured by pilocarpine.

* Compiled by F. H. Pritchard, M. D., Norwalk, Ohio.

Vaccination.—Dr. Edson, of the Board of Health, says: "During over nine years' service in the health department of New York, I have never seen a case of small pox in a person who had been successfully vaccinated within five years, and the number of cases I have seen mount into the hundreds. During that period I have seen only one inspector of contagious diseases contract small pox, and he was the only inspector who disbelieved in vaccination, and refused to have it performed on himself."

Specialism in Austria.—The Austrian Government has promulgated a law regarding the practice of the various specialties in medicine and surgery. According to this, no physician can style himself a specialist in any branch of medicine unless he furnishes proof that he has devoted special study to the diseases he professes to treat. This rigorous action appears to be justified by the fact of the existence of so many specialists of all kinds, who are only such in name so far as a large majority is concerned.

Litigation Disease.—Dr. Herbert Judd, of Galesburg, Ills., has contributed to the journal of the American Medical Association an interesting and instructive article in which he discusses a form of neurosis which he calls litigation disease. It is, in fact, a form of mania which possesses persons who have been injured in railway accidents, and seems to manifest itself in a persistent desire to go to law for the purpose of recovering fabulous sums as a balm for injuries thus received. He makes out a pretty clear case that many of these innocent persons are induced to believe they have been irretrievably damaged, although in truth they are not damaged at all, and are astonished when shown that their supposed injury exists only in imagination. An impressionable man or woman who listens to bad advice from interested lawyers or doctors, can easily be made to suppose that he or she has been irreparably damaged, and, as a consequence, the corporations suffer finan cially.

A writer in the *Medical Summary* remarks that some years ago a case of this kind came under his observation. An impressionable young man, along with others, was injured on one of the most prominent railway lines in this country, and claimed heavy damages. His plea was well backed up by a lawyer and a doctor, who contended that he was lamed for life, and was then suffering from some occult spinal malady. To clinch the matter, it was shown that since the accident he had suffered from convulsions, and in due course of time the case was compromised, and he promptly recovered. His lameness all disappeared in a week or two, and he has not been the subject of a fit since the money was paid. Notwithstanding all this, his picture, with many imaginary details, adorns the pages of a leading medical journal, and the case will become a precedent in future legal contests.

Diuretin.—"Professor Demme, in a clinical report of the Berne Children's Hospital, mentions that he has successfully employed the so-called diuretin or salicylate of theobromine and sodium in several cases of dropsy in which calomel and hot baths did not seem suitable and where ordinary diuretics had not proved beneficial. He finds that it may be regarded as a safe drug for children above a year old, and one that is quite free from unpleasant effects. He believes the diuretic effect is occasioned mainly by action on the renal epithelium. In scarletinal nephritis severe dropsy coming on after the acute stage of nephritis is more easily reduced by diuretin than by any other means. In cases of mitral insufficiency, with insufficient compensation, ascites and anasarca are best combatted with the help of diuretin after the compensatory disturbance has been reduced by digitalis. As to dosage, children from two to five years of age may be ordered from eight to twenty-five grains during the day, and children of from six to ten years as much as from twenty-five to forty-five grains, in divided doses of course. The total amount for the day is generally dissolved in four ounces of water, with ten or twelve drops of brandy and forty grains of sugar. In some cases the administration was continued for some weeks without any signs of either accumulative action or of diminished therapeutical effect being seen. In one of the cases of scarletinal dropsy, of which details are given, the effect of diuretin was very striking. While the child was upon acetate of ammonia the urine amounted to only nine or ten ounces a day, and contained 0.15 per cent. albumin, according to Esbach's scheme of measurement, with a considerable number of granular casts and epithelium undergoing fatty degeneration. The change of treatment produced an immediate effect, the urine in the three days amounting to nearly three times the quantity previously measured and containing only half the former quantity of albumin, with very few casts, and in a week neither albumin nor casts could be found."—*Lancet.*

Rules for Trephining in Injury of the Skull are thus summarized by Dr. Emory Lanphear in the Kansas City *Medical Index:*

1. All cases of depressed fracture, either simple or compound, require trephining and elevation, whether there be pressure symptoms or not.
2. All punctured fractures and gun-shot wounds imperatively indicate the use of the trephine.
3. In simple fracture of the skull where any symptoms of brain trouble persist, exploratory operation should be done.
4. In all cases of local injury to the skull, whether fracture or bruise, followed by evidence of inflammation of bone or persistent symptoms of brain irritation, or of pus between the bone and dura, the trephine should be resorted to.
5. In every case of localized injury to the head where unconsciousness persists for more than an hour, exploratory operation, including opening the skull if necessary, should be done.
6. The appearance of stupor some hours after a head injury indicates meningeal hæmorrhage and requires trephining at the point of injury if known, or at point indicated by cerebral localization; the middle meningeal being the usual source of trouble.
7. Even in very extensive injury to the head, operation should be made, since removal of *débris*, restoration of normal contour and cleaning of injured tissues can add but little to the danger and may save life.
8. In every case of doubt, exploratory operation is justifiable.
9. Compound fractures, with or without apparent depression, demand enlargement of the wound and careful exploration.

The Cod-Liver Oil Fallacy.—An editorial in *Merck's Bulletin*, November, 1892, on "Cod-Liver Oil Therapy" concludes as follows: "Reviewing the foregoing, we find that oleum morrhuæ or any animal fat passes rapidly to the lungs, there to be quickly and completely oxidized into carbon dioxide and water. And, as biological chemistry has proved beyond a question, the animal economy cannot take a substance composed of carbon, hydrogen and oxygen and join to it free nitrogen and sulphur or the nitrates and sulphates, to form a proteid molecule. All that can be derived from the rapid oxidation of fat is heat, and, through it, energy. No constructive or reparative material can be obtained by the oxidation of oleum morrhuæ or any fat.

"In those cases in which there is avoidance of fats of all kinds, and in those others in which further suboxidation is necessary to set in motion dormant processes, this oil can be used to good advantage. These cases explain fully the

clinical examples so often cited in which the administration of the oil undoubtedly brought about good results.

"In all other instances it is clearly demonstrated that cod-liver oil acts as a positive alterative, by changing decidedly the oxidation processes of the system. But unfortunately the alterative effects are *in the wrong direction*—decreasing the perfection of the proteid oxidation and often depriving unfortunate patients of the single chance for recovery which they might otherwise have retained.

"The indisputable fact that an overwhelming percentage of tubercular and pulmonary cases still die, no matter how carefully they are treated with cod-liver oil, is strong evidence against its utility and in support of the thesis that the inflexible laws of chemistry govern with absolute exactness the working of the animal economy.

"The same might be said of its use in leucocythemia, Hodgkin's disease, anemia, etc.

"We further find that the free ingestion of oleum morrhuæ rapidly decreases the urea in the urine, and increases the incomplete or imperfect products of nitrogenous waste. This conclusion is also abundantly supported by clinical evidence.

"Therefore, it may be justly said that cod-liver oil is a dangerous remedy, and that *the more perfectly it is emulsified*, the more detrimental it becomes.

"The elegance of such a preparation may make it more palatable, and less likely to produce digestive disturbances and to be, therefore, refused entrance to the system.

"This, however, only *makes the danger more certain*, because the individual will be enabled to take a finely prepared emulsion where the plain oil would at once be discarded.

"It also favors the absorption of an immoderate quantity, thus exhausting the oxygen supply and rendering the suboxidation of the proteid molecule with all its ill effects doubly certain.

"That cod-liver oil disturbs digestion and prevents the utilization of other and more valuable forms of food stuffs is too well known to need further comment, except to say that were man endowed with the protective and selective instincts of the lower animals this natural circumstance would at once be acted upon, and the oil less frequently forced down the rebelling gullet."

Electricity as a Uterus Developer (A paper read before the American Electro Therapeutic Association).—C. G. Canaday treats of the use of the negative galvanic pole, with faradization, in developing the uterus. Faradization develops the muscular tissue and the involuntary fibers of the vessel-walls. Galvanism causes a determination of blood to the part stimulated, affording increased pabulum for nutrition. To be successful the treatment must be frequently applied and continued for months. As corroborating his views, he quoted cases of epilepsy, of developing puberty, hysteria of development, dysmenorrhœal hysteria and dysmenorrhœa and sterility cured by electricity. In three other cases of dysmenorrhœa with undeveloped uterus, cures were obtained from electricity when drug treatment failed.—*Times and Register.*

The Dry Method of Treating Wounds.—Dr. Hal C. Wyman, of Detroit, calls attention to this valuable method of treating wounds. The treatment consists in drying the wound with hot, dry towels taken from an oven where they have been heated to 212° F. No water is allowed to touch the wound or adjacent parts, from first dressing to final healing. Loose fragments are removed; all tissues bruised beyond repair are cut away with scissors; blood and dirt are scraped away with hot, dry towels. All lacerated parts are approximated and held with sutures which have been freshly sterilized by dry heat, then a dry mixture of Wyeth's impalpable powder of boracic acid (seven parts) and iodoform (one part) is rubbed into the wounds along the line of approximation. Over this are laid strips of iodoform gauze. Over them oakum or freshly sterilized cotton, held in place by a roller bandage fresh from the oven.

The dressings are allowed to remain undisturbed until healed, unless pain, rise of temperature, or soiling of the dressing by discharges indicates that fresh dressings are needed. This method, he claims, promotes the healing of the wound, favors the control of hemorrhage, diminishes the tendency to fermentation and putrefaction, hastens to repair the wound, and insures the healing of flaps and ragged pieces, which by the wet method would slough.

Stretching the Sphincter Ani in Morphine Poisoning. (Dr. J. C. Daily, *South. Jour. of Hom.*, May, 1892).—All students of orificial surgery know how easy it is to control respiration by manipulation of the sphincter ani, and we can give our anesthetic with a feeling of security if our bivalve is in easy reach. I have resuscitated several patients almost moribund with chloroform by the use of my bivalve. But a few nights since, I had, to me, a unique experience in dilitation of the sphincter ani for morphine poisoning. I was called to see a woman who had taken fifty-seven grains of morphine with suicidal intent. I found her in a stupor with pupils contracted, and slow, stertorous breathing. The neighbors had beaten her black and blue before I had reached her, and she gradually sank into a stupor from which she could not be aroused by the most severe switching. While giving an enema of coffee, the idea occurred to me, why not stretch the sphincter as we do in chloroform narcosis? Accordingly I at once introduced both thumbs and separated them widely. The patient gave a loud shriek and took several good breaths. I sent for my bivalve and for several hours I sat by her side, and as respiration would flag I would stimulate it by pressing together the handles of the speculum. As a result of this treatment her life was saved. It has been my misfortune to see many cases of suicide, and I feel certain that several of them would now be alive had I known enough to use the speculum. It seems to me little less than a crime for the profession to neglect so simple and yet so effective a method.

The Cry of Children, according to Dr. E. C. Hill (*Denver Med. Times*), in pneumonia and capillary bronchitis is moderate and peevish and muffled as if a door were shut between child and hearer. The cry of croup is hoarse, brassy and metallic with a crowing inspiration. That of cerebral disease, particularly hydrocephalus, is short, sharp, shrill and solitary. Marasmus and tubercular peritis are manifested by moaning and wailing. Obstinate, passionate and long-continued crying tells of earache, thirst, hunger, original meanness, or the pricking of a pin. The pleuritic is louder and shriller than the pneumonic, and is evoked by moving the child or on coughing. The cry of intestinal ailments is often accompanied by wriggling and writhing before defæcation. Exhaustion is manifested with a whine. Crying only, or just after coughing indicates pain caused by the act. The return or inspiratory part of the cry grows weaker toward the fatal end of all diseases, and the absence of crying during disease is often of graver import than its presence, showing complete exhaustion and loss of power. Loud screaming sometimes tells of renal gravel.

A Digestive Ferment—Has been isolated from the milk juice of the Brazilian white fig tree (urostigma dolarium) by Peckolt. The milk juice of this tree is of a creamy consistency, has an almond-like flavor and readily dissolves fibrin and coagulated egg albumen. In addition to this ferment, the juice contains caoutchouc and a principle named dolariin, which, it is claimed, has tenicide properties.

MISCELLANY.

—Superintendent Talcott, of the Middletown Hospital, says that a crazy woman allows herself to become slovenly and permits her hair to become unkempt. When, therefore, a female lunatic begins to ask for utensils to bang her hair he considers it a sure sign that she is recovering from her mania.

—A long-standing rule of the British Medical Association, prohibiting female practitioners from becoming members of that body, has been recently abrogated by a large majority vote.

—An order has been issued by the German Government that the Centigrade thermometer be exclusively used throughout the empire from the 1st of January, instead of the regular thermometer as heretofore.

—The three dentists of Berlin, Dresden and Leipsic, who have the largest and most remunerative practice, are all natives of Maine.

—It is reported that a fad of Boston society is to intoxicate themselves with compound oxygen. It is stated that the intoxication produced by the oxygen is far less deleterious than that caused by Browning.

—There are nineteen general hospitals in London. Eleven of them have medical schools attached, and three, St. Bartholomew's, St. Thomas's and Guy's, are endowed. The first of these is the wealthiest and most ancient, having been founded in 1122. Its net revenue in 1889 was $350,000. It owns houses in London and has also about 13,000 acres of land in various counties. St. Thomas's was founded in 1207, and has a revenue of about $220,000. Guy's has a revenue of about $130,000. The London Hospital in Whitechapel road, with accommodations for 776 patients, is the largest in the metropolis. It treats annually also about 100,000 out-patients, besides trivial cases not registered. The total number of beds in the general and special hospitals in London is 8,500, of which 6,500 are in constant use. The poor-law infirmaries and the sick wards of the workhouses furnish 14,000 beds, and the Metropolitan Asylum Board has 3,500 for infectious cases, the average number in use being less than 1,000.

—Quinine makers suffer from a scarlatinoid dermatosis accompanied with fever. The vapor from bottling is the chief cause. Ninety per cent. of the workers are more or less affected. Blondes are more susceptible than brunettes. All the untoward effects recorded of quinine are to be found among quinine workers. Renal and nasal hemorrhages have been observed.

—Stokes described a case of phosphorescence of the breast of a woman from which the light emitted was sufficient to enable small print to be read by it when all the surrounding space was in darkness.

—Incontinence of urine is commonly treated by the internal administration of roasted mice in certain parts of England, among the poorer classes. In Hampshire it is the regular and recognized mode of overcoming this difficulty among young girls.

—Dr. J. M. Keating, in the *Medical News*, says the vomiting after surgical operations is readily controlled by hourly doses of one drop of tincture of iodine and one grain of carbolic acid in half an ounce of cinnamon water.

—Dr. H. P. C. Wilson, of Baltimore, says, that of the thousand patients who have come to him suffering from the opium habit, nearly all have been led into it by the attending physician. He thinks that no diseased condition except advanced and rapidly fatal cancer, justifies the habitual use of opium for the relief of pain.

—There are 2,300 medical students in New York this year; 1,774 in Philadelphia, and 1,297 in Chicago.

—Wooden tongue-depressors are now being manufactured in Hamburg at a very cheap price. Such an one is used but once on a patient, thus insuring asepsis.

Dr. Louis Prevot, a French savant, is studying the language of chickens, and proposes to give the results of his study to the Academy of Sciences.

—A ten-drop dose of gelsemium taken at bed-time is a most efficient remedy in breaking up, in the acute stage, cold in the head.

—Dr. Senn, the distinguished Chicago surgeon, has a private medical library of 20,000 volumes.

—Hiccough is often controlled by the vomiting produced by hypodermic injections of apomorphia.

—Dr. Wyeth gives oil of wintergreen in six-drop capsules for gonorhœa, three times a day.

—Owing to some scandal in the Cumberland Street Hospital, in Brooklyn, the members of the staff have been requested by the trustees to resign; the resignations to be accepted or held over as the trustees might determine. Nine of the hospital staff positively refused, so the trouble is still unsettled.

—Among the Congresses to be held at the World's Fair will be one of trained nurses.

—Dr. Darzens advocates a combination of the iodides in cases of urgent specific diseases where the prompt action of the iodide is desirable.

—Dr. Jenson, in cases of gonorrhœal ophthalmia, irrigates the eye every eight hours with a solution of permanganate of potash, one to 3 or 5,000. The irrigation is not painful and is very effectual.

—*Salix Nigra* is recommended as an efficient sexual sedative of special benefit in case of masturbation.

—A mathematician has calculated that the offspring of the people of the United States alone at their yearly increase, would in four centuries if all the other races were to die out, cover the whole habitable globe, allowing each person only twenty-seven square feet of surface.

—Dr. Diller, in the *Pittsburgh Medical Review*, claims for antifebrin virtues in epilepsy, virtues second only to the bromides and in some cases greater. The drug is given in five grain dose.

—Dr. Sarjous, in the *St. John's Clinical*, says that guaiac seldom fails to arrest inflammation of the tonsils if given early. A teaspoonful of the ammoniated tincture in a half glass of milk is used as a gargle every two hours and then swallowed.

—The *Doctor's Weekly* changes its name to the *N. Y. Polyclinic*, with the faculty as editors, under the management of its old editor, Dr. King.

—The Pope Mfg. Co. are doing a great deal towards bringing the subject of better roads to the attention of the public. The calendar sent out this year for the desk is very neat and convenient.

—The January issue of the *Times and Register* is taken up with articles on the treatment of stricture by electricity, and is full of interest.

—The total number of universities and institutions of university rank throughout the world is estimated at 147. Paris heads the list with a total of 9,215 students; then comes Vienna with 6,220; Berlin occupying the third place with 5,527. Last of all comes Fourah Bay College in Sierra Leone, which has 13 students and 5 professors.

—The eminent scientists of Munich have swallowed cholera bacilli without injury. and therefore conclude that local not individual conditions engender the epidemic.